CORNWALL COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

1952

R. N. CURNOW, M.B., B.S., D.P.H.

OSCAR BLACKFORD LIMITED, PRINCES STREET, TRURO.

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HEALTH COMMITTEE

(as constituted at 31st December, 1952).

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. S. RASHLEIGH

Members:

Mrs. H. C. C. ASHER
Mrs. A. M. BLACKWOOD
Lt.-Col. E. H. W. BOLITHO, C.B., D.S.O.
Major C. A. E. CHUDLEIGH
J. DANIEL
C. M. DENNIS
T. B. EDDY
F. EDE
J. H. HAWKEN
H. B. LAITY
Mrs. P. LANYON
E. G. LILLEY
W. E. MILLER
N. H. R. NORMINGTON
W. G. OLD
A. T. OPIE
J. C. PENBERTHY
W. J. T. PETERS
J. READ
A. J. ROBERTS
G. T. RUSSELL
P. M. WILLIAMS
Mrs. D. M. WILLS

Representatives of Area Sub-Committees:

Area I Mrs. K. A. POOLE
Area II W. HART
Area III Dr. E. H. EASTCOTT
Area IV H. C. ROWSE
Area V A. J. CHAPMAN
Area VI J. SETCHELL
Area VII D. B. PEACOCK

Co-Opted Members:

Miss MARGARET E. SMITH ... Cornwall County Nursing Association
Mrs. M. E. COCHRANE-DYET ... British Red Cross Society
Dr. W. L. STEWART ... St. John Ambulance Brigade
Dr. W. LESLIE ... Local Medical Committee
Miss J. A. FOSTER ... Mental Health

Ex Officio:

The Chairman of the County Council.
The Vice-Chairman of the County Council.
The Chairman of the Finance Committee.

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1952.

The Annual Report this year is in rather an unusual form because the Ministry of Health asked that a Special Survey of Local Health Services provided under the National Health Service Acts be made, and submitted to the Ministry by 28th February 1953. This Survey, which was to be carried out on lines prescribed by the Ministry, was to include an account of these Services as existing at the end of 1952, and also to contain a general review of their working as part of the National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Health Service. This Survey was made and is included in this copy of the Annual Report, split into the various Sections of the Report, the portion of the Section extracted from the Survey being indicated in each case.

Apart from this extensive Survey, there is little else to which I would like to draw attention. The health of the County continued to be satisfactory. There was another noteworthy fall in the death rate from tuberculosis—indeed the number of deaths from non-pulmonary tuberculosis was reduced to less than 10 for the first time on record. It seems that the incidence of non-pulmonary tuberculosis amongst children particularly has fallen rapidly to such an extent that there is little demand for beds in the Children's Ward at the Tehidy Hospital as they become vacant. It therefore appears that the accommodation for children suffering from surgical tuberculosis is going the same way as the accommodation for children suffering from general infectious diseases.

From a different point of view, the statistics regarding the County Ambulance Service are encouraging, in that in two years the mileage run by the Service has been reduced by 200,000 miles a year or 13% of the mileage of two years ago. In this connection it is only fair to express appreciation to the members of the Medical Profession, both Specialists and General Practitioners, who have helped us so much to keep this Service within reasonable bounds, often at the expense of their own personal popularity with the patients.

I repeat my acknowledgment of the help and consideration I have received from the Chairman and members of my Committee, both collectively and individually, and the loyal assistance I have received from my staff.

I am,

Your obedient Servant,

R. N. CURNOW,
County Medical Officer.

July, 1953.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1952.

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and School Medical Officer:
R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy School Medical Officer:
E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer and Supervisor of Midwives:
ANNIE MATHER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

Area 1 (Penzance)—
W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H, D.T.M. & H.

Area 2 (Redruth)—
G. W. KNIGHT, M.B., Ch.B., D.P.H. (Left 19.10.52).
G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H. (Com. 8.12.52).

Area 3 (Truro)—
V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

Area 4 (St. Austell)—
J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.

Area 5 (Wadebridge)—
*J REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)—
*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G. (Left 31.1.52).
*W. H. P. MINTO, M.B., Ch.B., D.P.H. (Com. 23.4.52).

Area 7 (Liskeard)—
P. J. FOX, M.B., B.Ch., D.P.H.

*Also Assistant School Medical Officer.

County Psychiatrist:
D. JACKSON, M.A., M.B., Ch.B., D.P.M.

Senior Assistant School Medical Officer:
C. C. ELLIOTT, D.S.C., V.R.D., M.D.

Assistant School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.
JEAN D. McKELLAR, M.B., B.S.
JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
§W. H. P. MINTO, M.B., Ch.B., D.P.H. (Com. 23.4.52).
G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.
(Appointed Assistant C.M.O. Area 2, 8.12.52).
§J. REED, M.B., Ch.B., B.Sc., D.P.H.
§L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G. (Left 31.1.52).
B. ROBERTS, M.R.C.S., L.R.C.P.
WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

§Also Assistant County Medical Officer.

Chief Dental Officer:

K. BATTEN, L.D.S.

Assistant Dental Officers:

R. J. R. BAKER, L.D.S. (Com. 1.5.52).
P. S. R. CONRON, L.D.S. (Com. 1.5.52).
H. J. EAGLESON, L.D.S.
P. W. EDDY, L.D.S.
W. H. ELLAM, B.D.S.
G. C. HODGSON, L.D.S. (Com. 2.7.52).
D. A. PATTERSON, L.D.S.
F. H. STRANGER, L.D.S. (Left 10.1.52).
F. R. TAYLOR, L.D.S.
E. R. TRYTHALL, L.D.S. (Com. 10.3.52 — Part-time).

County Sanitary Officer:

W. SHAW, Cert. R.S.I.

Assistant County Sanitary Officer:

W. R. SAUNDERS, Cert. R.S.I.

County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:

Miss ANN WHITE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Deputy County Nursing Officer, etc.:

Mrs. S. MEE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Assistant County Nursing Officers:

Area 1—Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.
Area 2—Miss N. E. RUSSELL, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss M. GRAY, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 4—Miss S. KEELER, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Left 28.12.52)

Area 5—Miss G. C. HATCH, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 6—Miss L. A. CULVERHOUSE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 7—Miss K. M. A. PETHYBRIDGE, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Com. 17.1.52).

County Ambulance Officer:

T. C. TRESIDDER.

Divisional Ambulance Officers:

Area 1—W. H. MAYCOCK
Area 2—F. POLKINGHORNE
Area 3—K. TREVENA
Area 4—D. C. B. PECKETT
Areas 5 and 6—S. G. MATTHEWS
Area 7—J. J. PEARCE

Senior Mental Health Worker:

F. E. PASCOE

Mental Health Worker:

Miss B. M. SYRETT

Educational Psychologist:

Miss A. M. REEVE, B.Sc. (Com. 18.2.52, Left 4.8.52).

J. E. COLLINS, B.A., Dip. Ed. Psych., A.B.Ps.S. (Com. 6.10.52)

Psychiatric Social Worker:

Miss F. M. JONES, Social Science Diploma (Left 6.2.52).

Miss B. ROGERS, Social Science Diploma (Com. 24.3.52).

Duly Authorised Officers:

Area 1—P. A. CLIFTON
Area 2—F. A. MARKS
Area 3—S. R. MOYSE
Area 4—W. St. A. SWEET
Area 5—A. J. ARMSTRONG
Area 6—H. DAVEY
Area 7—W. V. COUCH

County Home Help Organiser:

Mrs. E. L. CROTHERS

Speech Therapist:

Mrs. A. L. WILKS, L.C.S.T. (Left 13.8.52).

Chief Clerk:

J. R. SANDERS

PART-TIME OFFICERS:

Chief Inspector under Food and Drugs Acts:

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C. (Appointed 1.1.52). Analytical Laboratory, Stuart House, 1, Tudor Street, London, E.C.4.

County Pathologist:

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S., Royal Cornwall Infirmary, Truro.

Chest Physicians: (under the Regional Hospital Board)

L. W. HALE, M.D., F.R.C.P.
B. A. G. JENKINS, M.D., M.R.C.P.
G. A. M. HALL, M.D., M.R.C.S.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	864,126 acres
Population, 1952 (Registrar General's estimate) ...	340,861
Population 1951 census	343,447
Population, 1931 census	316,228
Censal increase	27,219
Pencentage increase	8.6
Number of inhabited houses (1931 census)	83,544
Rateable Value	£1,875,817
Sum represented by a penny rate	£7,564

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1948—52 is shown in the following table:—

	1948	1949	1950	1951	1952
Urban Districts ..	182,165	187,292	187,657	186,500	186,200
Rural Districts ...	147,663	147,955	152,342	153,300	154,661
Administrative County ...	329,828	330,247	339,999*	339,800*	340,861*
Increase or decrease over previous year ..	+8,223	+ 419	+9,752*	— 199*	+1,061*

* includes non-civilians stationed in the County.

Table I at the end of the Report shows the estimated population and number of births and deaths for 1952 in each of the Sanitary Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births	Male	Female	Total
Legitimate	2,370	2,294	4,664
Illegitimate	113	104	217
Total	2,483	2,398	4,881
Birth rate per 1,000 of the population			14.32

Still Births	Male	Female	Total
Legitimate	59	52	111
Illegitimate	4	—	4
Total	63	52	115
Still birth rate per 1,000 of the population ...			0.34

The Birth Rate of 14.32 in Cornwall compares with a rate of 14.33 in 1951 and 15.3 for England and Wales. The following are the rates in recent years:—

	Cornwall	England & Wales
1943	15.19	16.5
1944	17.59	17.6
1945	16.08	16.1
1946	18.09	19.1
1947	19.00	20.5
1948	16.33	17.9
1949	15.41	16.7
1950	13.99	15.8
1951	14.33	15.5
1952	14.32	15.3

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	2,105
Females	2,271
Total	4,376

This gives a death rate of 12.84 as compared with 14.31 in 1951 and 11.3 for England and Wales.

The following are the rates for recent years:—

	Cornwall	England & Wales
1943	14.02	12.1
1944	14.13	11.6
1945	14.61	11.4
1946	14.32	11.5
1947	14.72	12.0
1948	12.93	10.8
1949	14.10	11.7
1950	13.69	11.6
1951	14.31	12.5
1952	12.84	11.3

Maternal Mortality

Maternal deaths are no longer distinguished between those due to Puerperal Sepsis and Other Puerperal Causes. There were 7 deaths classified to Pregnancy, Childbirth and Abortion, which gives a maternal mortality rate of 1.40 per 1,000 total births. This compares with a rate of 1.20 for 1951 and 0.72 for England and Wales. The small numbers involved result in wide variations in the rate from year to year, and a more accurate impression is derived from a comparison of the rate for 1952 with the average rate for the previous five-year period (1947—51), which was 1.40.

Infant Mortality

There were 149 infant deaths, representing a rate of 30.53 per 1,000 live births, compared with 27.6 for England and Wales. The rate of infant

mortality is generally considered to be the most sensitive index of the condition of the population from the hygienic point of view.

Chief causes of death at all ages:—

	1951	1952
Disease of Heart and Blood Vessels ...	1,945	1,754
Cancer	726	689
Vascular Lesions of nervous system ...	621	633
Respiratory disease	501	267
Suicide and deaths from violence ...	166	171
Tuberculosis	101	86

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
0— 1 ...	—	—	—	—	—
1— 5 ...	—	—	—	—	—
5—15 ...	—	—	—	—	—
15—45 ...	8	3	2	1	14
45—65 ...	96	66	58	40	260
Over 65 ...	316	376	296	308	1,296
	420	445	356	349	1,570*

*including 10 deaths in Scilly Isles.

Number of Deaths at Different Periods of Life

Age Group	Male	Female	Total
0— 1	84	65	149
1— 5	14	11	25
5—15	14	9	23
15—45	139	108	247
45—65	472	423	895
Over 65	1,402	1,665	3,067
Total ...	2,125	2,281	4,406*

*including 30 deaths in the Scilly Isles.

The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1902 and 1952:—

1902		1952
191	Under 1 year of age ...	34
94	Ages 1 year to 5 years ...	6
34	,, 5 years to 15 years ...	5
48	,, 15 years to 25 years ...	11
263	,, 25 years to 65 years ...	248
370	,, 65 years and over ...	696

A complete list of deaths from all causes, in age groups, is shown in Tabel V at the end of this Report.

Comparative Rates

	Cornwall		England and Wales
	1951	1952	1952
Live births, rate per 1,000 of the population	14.33	14.32	15.3
Stillbirths, rate per 1,000 of the population	0.34	0.34	0.35
Deaths from all causes, rate per 1,000 of the population	14.31	12.84	11.3
Deaths under 1 year of age:—			
All infants per 1,000 live births ...	33.48	30.53	27.6
Legitimate infants per 1,000 legitimate live births	33.48	30.23	—
Illegitimate infants per 1,000 legitimate live births	33.33	36.87	—
Deaths from enteritis and diarrhoea under 2 years of age per 1,000 live births	1.85	1.02	1.0
Deaths from Whooping Cough per 1,000 population	0.012	0.015	0.00
Deaths from Diphtheria per 1,000 population	0.003	0.009	0.00
Deaths from Influenza per 1,000 population	0.350	0.038	0.04
Deaths from Tuberculosis per 1,000 population	0.297	0.252	0.24
Maternal Mortality per 1,000 total births	1.20	1.40	0.72

Health Areas.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population 1952.
1	1, North Parade, Penzance.	Penzance M.B.	3,155	19,940
		St. Ives M.B.	4,287	8,474
		St. Just U.D.	7,634	3,996
		West Penwith R.D.	59,792	17,580
			74,868	49,990

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population 1952.
2	Station Hill, Redruth.	Helston M.B.	4,014	5,706
		Camborne-Redruth U.D.	22,062	35,260
		Kerrier R.D.	90,839	21,520
			116,915	62,486
3	14/15 Boscawen Street, Truro	Falmouth M.B.	1,880	16,490
		Penryn M.B.	829	4,147
		Truro City	2,634	13,230
		Truro R.D.	108,316	26,840
			113,659	60,707
4	34a Fore Street, St. Austell.	Fowey M.B.	2,979	2,307
		Lostwithiel M.B.	3,156	2,079
		Newquay U.D.	4,599	9,731
		St. Austell U.D.	18,379	23,460
		St. Austell R.D.	82,389	22,110
			111,502	59,687
5	Hill Road, Wadebridge.	Bodmin M.B.	3,312	6,294
		Padstow U.D.	3,343	2,733
		Wadebridge R.D.	88,230	16,350
			94,885	25,377
6	Castle Green, Launceston	Launceston M.B.	2,182	4,537
		Bude-Stratton U.D.	4,294	5,126
		Camelford R.D.	52,544	7,366
		Launceston R.D.	73,051	6,470
		Stratton R.D.	56,285	5,595
			188,356	29,094
7	Westbourne, Liskeard.	Liskeard M.B.	2,704	4,299
		Saltash M.B.	5,335	8,000
		Looe U.D.	1,691	3,569
		Torpoint U.D.	975	6,822
		St. Germans R.D.	48,433	16,710
		Liskeard R.D.	104,803	14,120
			163,941	53,520

NATIONAL HEALTH SERVICE ACTS—1946-1949.

At the request of the Ministry of Health, a special survey was carried out, covering not only the Services under these Acts for which the County Council is responsible, but dealing also with their relationship to other branches of the Health Services.

The first four Sections of this special survey follow, and other parts of it will be shown under other appropriate Sections of the Report.

SURVEY—GENERAL

1. Administration

In considering the administrative organisation in Cornwall of the Services provided under Part III of the National Health Service Act, 1946, it is essential to remember that in 1947 the County put into operation the Scheme which had been made in 1935 under Section 111 of the Local Government Act, 1933.

This Scheme had the effect of dividing the County into seven Health Areas, each having one whole-time Medical Officer of Health for the Sanitary Districts comprising them, and it was upon this structure that the Health Committee based their Committee and administrative organisation.

To each Area was allotted an Area Sub-Committee consisting of members of the Health Committee, representatives of the Local Sanitary Districts, and members representing the St. John Ambulance Brigade, the British Red Cross Society and the Cornwall County Nursing Association. Having regard to the fact that the financial responsibility for the Services administered by the Sub-Committee is borne by the County Council, the number of members of the Health Committee predominated in the Area Sub-Committees. Provision has, however, been made for one member of each Sub-Committee to be sent to the Health Committee as a voting representative, thus ensuring that the local point of view receives an opportunity of expression. The effect of allotting places on these Area Sub-Committees to representatives of Sanitary Authorities has been to bring together the Local Health Authority and District Council Health Services at Committee level as well as at Officer level. Criticism or suggestions for improving the Local Health Authority's Services emanating from Sanitary Authorities are now brought to a discussion round a table at the Health Area Sub-Committees, instead of being a subject of correspondence between two bodies which never meet. The experience of the last 4½ years has shown how very materially the good relationship between the County Health Committee and the Sanitary Authorities may be encouraged by these periodical round-table meetings.

Having established these Area Sub-Committees, the Health Committee committed to them the day to day running of all save two of the Services provided under the Act of 1946, and although they reserve to themselves all major decisions of policy, they have found the views of the Area Sub-Committees of considerable value in reaching their conclusions. The two

exceptions referred to are Health Centres (for which no Proposals have yet been made under Section 21 of the Act) and Mental Health, about which special paragraphs appear in this Report.

In the two Areas of comparatively small population, the Medical Officer is able to act also as Assistant School Medical Officer, and the County Education Committee has representatives on the Sub-Committees.

2. Co-ordination and co-operation with other parts of the National Health Service

Co-ordination between Local Health Services and the Hospital and Specialist Services and the General Practitioner Services is largely secured by an inter-mingling of the membership of the various bodies concerned. It is true to say that the fears of friction inspired by the division of the Service into 3 branches have been falsified in Cornwall by the experience of the last few years. It would, for instance, be difficult for the Local Health Authority to quarrel with the South Western Regional Hospital Board, the Chairman of the Health Committee herself being a member of the Board. The Executive Council for Cornwall would find it difficult to be antagonistic to the Local Health Authority, since the Chairman of the Executive Council is a member of the Health Committee. Many members of the County Health Committee are members of the West Cornwall Hospital Management Committee, and the Chairman of the Health Committee was until recently Chairman of the St. Lawrence Hospital Management Committee. It might give a better idea of the extensive inter-mingling of membership of the various bodies concerned if I were to say that I myself am a member of the Executive Council for Cornwall, the Local Medical Committee, the West Cornwall Hospital Management Committee, the West Cornwall Medical Advisory Committee, and have been a member of four of the Sub-Committees of the South Western Regional Medical Advisory Committee, and have recently accepted membership of a fifth. The Chairman of the County Ambulance Sub-Committee is a member of the South Western Regional Medical Advisory Committee, and of the West Cornwall Medical Advisory Committee. It has been found in practice that this extensive interchange of members makes it impossible for the activities of one body to be unknown to another, and fosters a spirit of friendly co-operation between the apparently divided branches of the Service. Where there is a need for a Liaison Committee for a specific purpose, it is set up. There is a Liaison Committee between the Welfare Sub-Committee of the County Health Committee and the West Cornwall Hospital Management Committee, and there is another Liaison Committee dealing with maternity problems, consisting of members of the West Cornwall Hospital Management Committee, Consulting Obstetricians, the Superintendent Midwife of the Hospital Maternity Unit, representatives of the Local Medical Committee, and Officers of the County Health Department.

Except in special cases, it is difficult to see what arrangements could be made for Medical Officers, Health Visitors, Midwives or Nurses employed in

the Local Health Services, to co-operate in the care of patients under treatment at Hospitals. Some of them certainly have an important function to perform when the patient is discharged from Hospital, or even before discharge is decided upon, but except in the case of Health Visitors, it is difficult to see how the other members of the staff could help while the patient is still in hospital. Complete information about the patient's home circumstances is supplied by the Tuberculosis Health Visitors to the Chest Physicians as soon as a case comes under their care, and this information is kept up to date by repeated visits and by repeated attendances of the Tuberculosis Health Visitors at the Chest Clinics where they act as Clinic Nurses. The Chest Hospital is kept fully informed of the home circumstances of patients who are in the hospital, in order to help in deciding when it would be safe for a patient to return home. It is hoped shortly to inaugurate a similar close relationship between the Health Visitors and the Geriatric Service.

It was hoped at one time that the Health Area Offices would obtain a notification immediately after, or better still before, the discharge of a patient from any hospital, in order that the necessary arrangements for after-care might be made in good time, but an argument has been raised in this County, with which I am bound to say I agree, that the family Doctor is the man who is in charge of the patient's treatment immediately on discharge from hospital, and it is he who should have very early notice of the discharge of the patient. It is he also who should be thoroughly familiar with all the resources placed at his disposal by the Local Health Authority, and it is he who should decide which of these Services would be useful to his patient when the patient arrives home. Provided there is sufficient liaison and confidence between the family Doctor and the Local Health Authority Services, he is the best man to decide what is best in the interests of the patient. The whole success of such a scheme depends, of course, upon prompt notification to the family Doctor by the Hospital as soon as the discharge of his patient is decided upon, and it is a matter of considerable regret that there is still an uncomfortable interval in many instances between the arrival of the patient at home and the notification by the Hospital to the family Doctor of the diagnosis and treatment the patient has received, and any recommendations for after-care. I am, however, quite sure that this problem will not be solved by notifying the Health Area Offices, or attempting to supersede the family Doctor by any other circuitous route.

Co-operation between Midwives and Nurses and General Medical Practitioners is not a difficult matter to achieve, and may be said to be generally satisfactory throughout the County. The District Nurses help the family Doctors by nursing patients in their own homes, and in many cases the Midwives act as Maternity Nurses similarly to assist the family Doctors. In that large number of cases in which the Midwives are acting on their own responsibility, they realise that they have behind them the family Doctor, and do not hesitate to call for his help in cases where they require it. The position of the Health Visitor has not been quite so happy. It has been

difficult for the family Doctor to realise exactly what function the Health Visitor performs, and to realise the help that she can give him in the care and after-care of his patients, particularly with reference to social and nursing problems. This difficulty has been largely overcome in two ways—firstly by combining in the same person in rural areas the duties of District Nurse/Midwife and Health Visitor, and thereby bringing the Health Visitor into closer touch with the family Doctors in their day to day work; and secondly, by instructing all the wholetime Health Visitors to call on the Doctors in their area, and explain the sort of assistance they are able to give, and offer their services for the Doctors' patients, wherever appropriate. It is undoubtedly by personal meetings between the different branches of the Service rather than by directives or circular letters that better co-operation will be achieved.

In short, in this County we see the family Doctor as the head of a team dealing with patients in their own homes, and we try to place at the family Doctor's disposal the services of the Health Visitors, District Nurses and Home Helps, and all the facilities of the after-care organisation, in order that his very heavy burden may be lightened by the ancillary services we place at his command.

So far as information relating to the Council's Health Services is concerned, one of the reasons for dividing the County into seven administrative areas was to make it easy for the Area Medical Officers to acquaint the family Doctors in their areas with all the Services which are at their disposal. News letters on matters of interest or importance are sent to all the Doctors in the County from the County Hall from time to time, and a few specimens of these news letters are appended to this Report. So far as the public is concerned, we rely on personal communications than on publications, and look to the Health Visitors in particular to keep members of the public acquainted with the Services at their disposal. Extensive programmes of health education are run throughout the County, with the help of films and talks. The Press in this County has been very generous in the space it gives to reporting matters of health interest and importance, and their assistance in this direction is very highly appreciated.

3. Joint Use of Staff

The only arrangement for joint use of Medical staff in this County concerns the Chest Service, where the Chest Physicians devote part of their time to the preventive measures against tuberculosis, and an appropriate payment is made by the County Council, to the Regional Hospital Board for their services. Similarly, a payment is made by the Regional Hospital Board to the County Council for the services of Tuberculosis Health Visitors at Chest Clinics. The appointment of a Pædiatrician in Plymouth enabled us to commence an arrangement which will provide a closer association between the Assistant School Medical Officers, who are responsible for medical work in the School Health and Child Welfare Services, and the Hospital Pædiatric Service. At the very kind invitation of the Pædiatrician, arrangements are

now in force whereby twice a year the Assistant School Medical Officers spend a morning in the Children's Wards doing a ward round with the Pædiatrician, and an afternoon in discussing matters of mutual interest with him. It is hoped that if a Pædiatrician is appointed in the West Cornwall Hospital area, similar arrangements may be made, but such as will give far more frequent attendances.

4. Voluntary Organisations

In general, it may be said that wherever a Voluntary Organisation exists for work with which the Health Department is connected, the invariable policy of the Health Committee has been to foster and encourage the work of that Voluntary Organisation. The Cornwall County Nursing Association, with its many years of experience of nursing problems, has organised itself on a 7-area basis parallel with that of the Health Committee, and holds itself responsible for making arrangements for the transport and housing of the District Nurses, and for befriending Nurses when they are introduced into a new area. The St. John Ambulance Brigade and the British Red Cross Society render invaluable service in assuming responsibility, on an agency basis, for the County Ambulance Service in almost the whole of the County at night-time and weekends, and the St. John Ambulance Brigade run the Hospital Car Service. The Women's Voluntary Service, in running the County Home Help Service, deserves all the credit for a rapid expansion of a moribund Service into one of outstanding value to the community. The Cornwall Social and Moral Welfare Association undertakes responsible duties in connection with unmarried mothers, and are responsible, in addition to running a Home for them, for extensive social welfare arrangements throughout the County. The welfare of the blind is largely undertaken by the Cornwall County Association for the Blind; the physically handicapped, by the Cornwall Committee for the Care of Cripples and the British Red Cross Society; and the deaf and dumb, by the Cornwall Association for the Deaf and Dumb. In dealing with the problems of the welfare of the aged, the Federation of Women's Institutes and the British Legion (Women's Branch), in addition to other Voluntary Organisations more specifically created for the welfare of the aged, and some already mentioned in this paragraph, have undertaken onerous duties in visiting and befriending old persons living at home alone. The prevention of neglect and ill-treatment of children in their own homes is undertaken by Area Working Parties, combining representatives of the N.S.P.C.C. and other statutory bodies in addition to Voluntary bodies already mentioned in this paragraph. In operating the schemes for the care and after-care of patients, the greatest assistance is received from the Medical Comforts Depots run by the British Red Cross Society and the St. John Ambulance Brigade. The Family Planning Association opened a Clinic in South Cornwall in 1951.

In short, it is difficult to look at any of the Services run by the County Health Department, and find one in which some Voluntary Association or other is not playing an important part.

CARE OF MOTHERS AND YOUNG CHILDREN

1. SURVEY

Expectant and Nursing Mothers

Before the Appointed Day there was a well established General Practitioner Ante-Natal Service in this County, which provided two ante-natal and one post-natal examination for patients at the hands of their family Doctor, the County Council paying the Doctors a small fee for reports on their examinations. No routine ante-natal clinics had been established, and none has been commenced since the Appointed Day. The General Practitioner Ante-Natal Scheme provided an easy means of informal consultation between the County Consulting Obstetrician and the family Doctor on any point raised in the Doctor's report, and it is indeed unfortunate that the Schemes at present operated by the Executive Councils, which have taken over those originally run by the County Councils, do not provide for this form of medical reporting, and therefore provide nothing to take the place of the former easy informal conversations on points arising from the reports. The present General Practitioner Scheme seems to have preserved only the inadequacy of the number of ante-natal examinations provided previously. The Regional Hospital Board provides a good service of Consulting Ante-Natal and Post-Natal Clinics in the County, to which Doctors can refer cases if they wish, but this system was in operation long before the Appointed Day, and did not and does not make unnecessary the form of medical reporting to which I have already referred. The Midwives themselves are, of course, responsible for the routine ante-natal care of their own patients, and in some places family Doctors have set aside sessions in their own surgeries for their own ante-natal patients, and these sessions are attended by the local District Nurse. Patients whose blood group is unknown are referred to their own Doctors for blood tests, and sometimes at the requests of the Doctors, are referred to the Consulting Ante- Clinic for this purpose.

Special arrangements are made, where necessary, for the care of the unmarried mother and her child. The Cornwall Social and Moral Welfare Association maintain a Mother and Baby Home at St. Agnes, with two maternity beds, and accommodation for 24 girls, but admissions to this Home are limited to primagravidæ. Girls are admitted before their confinements, and remain until suitable provision is made for them and their babies; the usual length of stay is about 6 months. There is also a Shelter maintained by this Association at Penzance, with accommodation for 8 girls and 3 babies, and accommodation here is available for multigravidæ. Affiliated to the Cornwall Social and Moral Welfare Association is the Falmouth and District Social and Moral Welfare Association, which has a small Hostel of two beds for temporary shelter. Welfare Workers employed by the Cornwall Association undertake social welfare work in connection with the problem of illegitimacy throughout the County, and the closest touch is maintained between the staff of the Social and Moral Welfare Association and the County Health Department and the County Children's Department.

In 8 towns Midwives Clinics are held, which are mainly educational. A wide range of mothercraft training is given at these Clinics, including talks and demonstrations on matters of interest and importance to the expectant mothers, and relaxation exercises. In a few schools, mothercraft and health talks are given by Health Visitors and School Nurses.

Maternity outfits are supplied free of charge for all domiciliary confinements. They are usually distributed by the Midwives to their patients, but may be obtained from the Health Area Office in each area.

Child Welfare

Generally speaking, the establishment of Welfare Centres is limited to the fairly populous areas, where there are sufficient children within reasonable reach of the Centre to justify its being set up. In the more scattered rural areas, reliance is placed upon home visiting by qualified Health Visitors, who are thus able to take into account the circumstances of each individual home in giving advice to the mother. There are 40 Child Welfare Centres in the County.

Opportunity was taken on the Appointed Day to unify the Medical Services for the welfare of children in this County by appointing the Assistant School Medical Officers as Medical Officers of the Child Welfare Centres in their own areas. It was anticipated that the Regional Hospital Board would be establishing a Hospital Pædiatric Service with which the Medical Services of the County Council could be associated. A Consulting Pædiatrician has already been appointed in Plymouth, and a loose association has already been formed between the County Services and the Plymouth Hospital Pædiatric Service. It is encouraging to hear that the Regional Hospital Board has in mind the setting up of a Pædiatric Service in the west and centre of the County, to which the County Medical Services can be attached far more easily than having to go so far afield as Plymouth. The Medical Staff in the Plymouth Clinical Area will no doubt still look to Plymouth, and it is only right that tribute be paid to Dr. Jolly for the extremely helpful and co-operative way in which he has invited the County Medical Staff to do ward rounds with him, and to attend meetings to discuss problems of mutual interest.

2,552 new cases attended Child Welfare Centres during the year 1952, 1,802 under one year of age and 750 aged one to five years. Total attendances at these centres numbered 23,494.

There are no Consultant or Special Clinics maintained by the County Council. In one village a Clinic is held by a General Practitioner in his own surgery, and he also attends a Clinic run by a Voluntary Committee in an adjoining village. Both are attended also by the local District Nurse/Midwife/Health Visitors. These Clinics are held once a month.

Care of Premature Infants

Domiciliary care of premature infants includes arrangements for a separate room for mother and child, and extra nursing attention by the

Midwife. On some occasions it has been possible to provide a special Nurse for a premature baby at home. All Midwives and Health Visitors are impressed with the need to pay special attention to premature babies. Special equipment is available in each of the seven Health Areas, and includes washable cot linings with pockets for hot water bottles, and flannel gowns. Arrangements are in force for the immediate notification to the appropriate District Nurse of the discharge or impending discharge from Hospital of a premature baby. Babies from East Cornwall are admitted to the Premature Baby Unit in Plymouth. A Premature Baby Unit is in course of construction at the Maternity Unit of Redruth Hospital, and detailed arrangements concerning the admission of babies are at present being worked out by a Liaison Committee, to which reference has already been made.

Supply of Dried Milks, etc.

Unless the Food Office is within easy reach of a Welfare Centre, welfare foods are distributed at the Centre. This work is usually undertaken by voluntary helpers. Welfare foods are distributed at 15 Welfare Centres in the County.

Branded dried milks are available on vouchers issued by the Health Visitors. By arrangements with the firm supplying the milk, Chemists sell dried milks against these vouchers at reduced rates. Branded milks are stocked and sold at only two Child Welfare Centres in the County.

There is very little sale of nutrients at Child Welfare Centres.

Dental Care

It has been difficult on account of staff shortage to make very extensive arrangements for the provision of dental care by the County Dental Service for expectant and nursing mothers and young children. Where such patients have been referred for treatment by Doctors or Nurses, an appointment has, however, been given and treatment has been undertaken. With the steadily improving staff position, it is hoped that this Service will be considerably expanded during the coming year, and it is hoped to appoint two more Dental Officers in the very near future. Arrangements will be made, wherever possible, for dental sessions to be held at the same time as Child Welfare Sessions in the same premises.

Other Provision

Prevention of Neglect and Ill-Treatment of children in their own homes

Under the joint circular of the Ministries of Health and Education and the Home Office, the County Medical Officer was designated as the Officer to co-ordinate the services of voluntary and statutory bodies interested in this problem. I presided over inaugural meetings in each of the seven Health Areas of the County, to which were invited the Children's Officer and Boarding-Out Visitors; N.S.P.C.C. Inspectors; Area Officers, National

Assistance Board; Organising Secretary and Outside Workers of the Social and Moral Welfare Association; District Education Clerks and School Attendance Officers; Probation Officers; District Welfare Officers; representatives of the St. John Ambulance Brigade and British Red Cross Society; Children's Officer, Ministry of Pensions; a representative of the Women's Voluntary Service; Assistant County Medical Officers, and Assistant County Nursing Officers. As a result of these inaugural meetings, a Working Party in each Health Area was set up, consisting of representatives of the bodies present at the first meeting. These Working Parties, which are presided over by the Area Medical Officer, meet and consult together about the best policy to follow in dealing with each individual problem family in that particular area. In some parts of the County the arrangement has worked extremely well, in that it has prevented the visiting of homes by several Visitors independently of one another; it has enabled the responsibility for supervising a particular family to be delegated to the Organisation best equipped to deal with the particular problem presenting; and it has made each Organisation fully aware of the facilities available at the hands of all the other Organisations. It is easy to be discouraged and disappointed at the failure to obtain quick results in many of these problem cases, and it is necessary to recognise that supervision over prolonged periods of months or even years may be necessary to ensure that the children grow up with a better sense of their responsibilities and a better standard of life than their parents would have provided without help from all sorts of sources. In one area a pilot scheme is being tried, in which a specially recruited Home Help is supplied to assist in rehabilitating problem families, and training the mother in household management and the care of children.

Eclampsia

In an effort to reduce the incidence of toxaemia (and the birth of premature babies from this cause), expectant mothers are being weighed regularly, Those showing an abnormal gain in weight between the 20th and 30th weeks, are referred to their Doctors as being potential cases of pre-toxaemia. This arrangement was brought into force as a result of the Midwifery Liaison Committee, to which reference has already been made, and a circular letter on this subject, addressed to all the General Practitioners in the County, was issued over the signatures of the three Consulting Obstetricians and myself. The scheme was introduced towards the end of the year, and it is not yet possible to estimate its value.

2. GENERAL INFORMATION

Maternity Accommodation

During the year 61 social cases were referred to the West Cornwall Hospital, Penzance, 36 to Redruth Hospital, 49 to " Old Tree," Trebursye, 137 to Trebarras, Liskeard, and 98 to the Alexandra Maternity Home, Plymouth

The following table shows the percentage of births which took place in the patient's home or elsewhere, and also the number of practising midwives:—

Year	Total No. of births	Percentage of total births occurring in Redruth			Midwives	
		Patient's home	Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1935	4376	*	3.3	*	214	163
1940	4431	*	6.5	*	251	184
1941	5281	65.2	19.1	15.7	231	137
1942	5126	63.4	20.1	16.5	238	157
1943	5134	58.5	19.8	21.7	186	152
1944	5853	54.0	25.0	21.0	250	154
1945	5222	54.0	23.0	23.0	223	152
1946	5910	56.4	21.2	22.4	181	137
1947	6288	58.3	19.7	22.0	195	145
1948	5521	57.3	23.8	18.9	193	140
1949	5214	56.7	33.2	10.1	215	128
1950	4883	58.2	29.5	12.3	187	123
1951	4869	58.3	34.8	6.9	187	120
1952	4673	58.7	35.6	5.7	184	120

* Figures not available.

Mother and Baby Home, Rosemundy, St. Agnes

During the year 50 girls were admitted to the Rosemundy Home, and 48 babies were born.

County Day Nursery, Newquay

There was accommodation for 45 children at this Nursery, but because of the poor attendance during the winter the Nursery was closed on 31.3.53.

Average Daily Attendances

January 1952	11.3
February 1952	9.6
March 1952	7.5

Puerperal Pyrexia

Since the Puerperal Pyrexia Regulation 1951 which came into operation in August 1951, there has been a marked increase of notifications. There were 130 cases notified as compared with 66 the previous year and 59 in 1950. Of the 130 cases 28 were in domiciliary and 102 in institutional confinements.

Ophthalmia Neonatorum

There were 5 cases of ophthalmia neonatorum notified in 1952. All recovered with vision unimpaired.

The number of cases notified per 1,000 live births in recent years is as follows:—

Year	Total cases	No. per 1,000 live births
1945	12	2.7
1946	7	1.4
1947	7	1.3
1948	6	1.1
1949	6	1.2
1950	2	0.4
1951	0	—
1952	5	1.01

Maternal Mortality

There were 11 deaths associated with child bearing. (4 of these are not included in the Registrar General's return).

The causes of the deaths were :—

Eclampsia 4
Ruptured Uterus 2
Hæmorrhage 2
Pulmonary Embolism 1
Coronary Infarction 1
Necrosis of Fibroids 1

Efforts are being made to reduce the incidence of eclampsia in the county and are referred to elsewhere.

In 6 of these cases there was a normal living baby; 1 premature baby died a few hours after birth; 2 were stillborn; and in 2 cases the mother died undelivered.

2 patients died at home.

3 patients died in hospital after delivery or attempted delivery at home.

5 patients (2 emergencies) were delivered and died in Hospital.

1 patient was delivered and died in a Nursing Home.

The following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Total Maternal	Cornwall Maternal Mortality	England & Wales Maternal Mortality
	No. of deaths	Rate	No. of deaths	Rate	deaths	Rate	Rate
1940	1	0.22	10	2.18	11	2.40	2.16
1941	6	1.13	17	3.20	23	4.33	2.23
1942	2	0.39	8	1.56	10	1.95	2.01
1943	7	1.36	6	1.17	13	2.53	2.29
1944	6	1.03	14	2.39	20	3.42	1.93
1945	3	0.57	13	2.49	16	3.06	1.79
1946	1	0.17	5	0.85	6	1.02	1.43
1947	2	0.32	14	2.22	16	2.54	1.17
1948	—	0.00	7	1.27	7	1.27	1.02
1949	—	0.00	2	0.38	2	0.38	0.98
1950	—	0.00	8	1.64	8	1.64	0.86
1951	—	0.00	6	1.20	6	1.20	0.79
1952	—	0.00	7	1.40	7	1.40	0.72

The following figures show quinquennial rates for recent years:—

	Cornwall	England & Wales
1933—1937 ...	4.50	3.87
1938—1942 ...	3.35	2.44
1943—1947 ...	2.51	1.72
1948—1952 ...	1.18	0.87

A Maternity Sub-Committee of the West Cornwall Hospital Management Committee was formed during the year. This Committee consists of representatives of the Regional Hospital Board, Hospital Management Committee, Obstetricians, General Practitioners and Officers of the Local Authority. Its terms of reference are as follows:—

(a) To report on the present Midwifery Services and to make suggestions for improvements.

(b) To consider closer integration of the hospital and domiciliary midwifery services.

(c) To obtain statistics of hospital and domiciliary midwifery.

This Committee has already been effective in improving the liaison between hospital and domiciliary midwifery.

Infant Mortality

The number of babies who died during the first year of life was 149 giving a rate of 30.53 compared with 33.48 last year, and with 27.6 for England and Wales.

The following are the Infant Mortality rates per 1,000 live births for a number of years:—

	Cornwall	England & Wales
1898	156.24	160
1900	126.19	154
1910	85.44	105
1920	59.50	80
1930	51.27	60
1940	48.26	55
1941	52.46	59
1942	46.09	49
1943	35.81	49
1944	40.72	46
1945	36.67	46
1946	38.75	43
1947	34.85	41
1948	34.54	34
1949	32.24	32
1950	30.26	30
1951	33.48	29.6
1952	30.53	27.6

The following are quinquennial rates for recent years:—

	Cornwall	England & Wales
1933—1937 ...	51.00	59.40
1938—1942 ...	51.16	53.20
1943—1947 ...	37.36	45.00
1948—1952 ...	32.21	30.64

Nine of the infant deaths were illegitimate babies giving a death rate of 41.47 compared with 30.02 for legitimate infants.

Investigations into these infant deaths showed that 106 were neonatal deaths, (babies dying during the first 4 weeks of life), giving a neonatal death rate of 21.72 compared with 21.98 in 1951 and 22.06 in 1950.

The causes of neonatal deaths were as follows:—

	Premature	Full Term
Prematurity only	36	—
Prematurity associated with maternal toxæmia	9	—
Birth injury	3	11
Congenital defect	6	11
Infection	6	6
Asphyxia	1	7
Hæmorrhagic Disease	1	5
Hæmolytic Disease	—	4
	62	44

More than half these deaths (58.5%) occurred in premature babies. The birth weight of 21 of these babies was less than 2 lbs. 12 ozs.

Age at which neonatal death occurred:—

Under 1 week	91	(including 42 who lived less than 24 hours)
1—2 weeks	10	
2—3 weeks	4	
3—4 weeks	1	

The following shows the probable causes of 113 still births:—

	Premature	Full Term
Premature only	19	—
Associated with Maternal Toxæmia	16	9
Difficult Labour	2	33
Foetal Defect	3	9
Placenta Prævia	—	2
B.B.A.	1	2
Illness of Mother	1	—
Rhesus Factor	—	1
Unknown	—	15
	42	71
	(37.2%)	

There were 43 deaths of babies aged 1 month to 1 year. 29 of these were due to infections, four to inhalation of vomit, and 10 to other causes. It is noticed that only 3 of these babies were breast fed; the other 40 had been put on an artificial feed when a few weeks old.

There were 286 premature live births and 42 premature still births in the County. The following table relates to domiciliary premature births only.

Birth Weight	Still Births	Nursed entirely at Home: Died in 24 hrs.	Died 2nd—7th day	Died 8th—28th day	Survived 28 days	Total	Transferred to Hospitals
Less than 2lb 3ozs.	1	3	—	—	—	3	1
2lbs. 3ozs.— 3lbs 4ozs.	3	2	—	—	1	3	2
3lbs. 4ozs.— 4lbs. 6ozs.	6	2	1	—	5	8	7
4lbs. 6ozs.— 4lbs 15ozs.	—	2	2	—	19	23	2
4lbs. 15ozs.— 5lbs 8ozs.	4	1	—	1	79	81	1
	14	10	3	1	104	118	13

Child Welfare Centres

There are 40 Child Welfare Centres maintained by the County Council. No centres were closed during the year and no new centres were opened.

98 sessions a month are held at these centres; 3,722 children attended during the year making a total of 23,494 attendances.

No. of children under 1 year who attended for first time ...	1,802
No. of children 1—5 who attended for first time ...	750
Total attendance under 1 year ...	15,420
Total attendance 1—5 years ...	8,074

Centres are established in towns and populous areas where there is sufficient demand for this service. They are staffed by Assistant School Medical Officers, health visitors and district nurses. Clerical assistance and other help is given by voluntary workers, whose interest and spirit of social service is much appreciated.

Health Education is carried out at these centres, and their use for this purpose is increasing each year. In addition to talks and demonstrations, film strips have been shown at many centres.

Centres are not intended for treatment, to which every child is entitled from a general practitioner, but are for the regular supervision of healthy children, and the education of their mothers. The value of attendance at a Centre is increased by follow-up visits to the home by a Health Visitor, who ensures that the advice given has been understood and that directions are correctly followed.

Centres provided by voluntary associations are held each month at St Mawes and Portscatho.

THE NURSING SERVICES

(1) SURVEY

Domiciliary Midwifery

Throughout the County, domiciliary midwifery is combined with home nursing, and in the rural areas with health visiting also. The District Nurses are employed by the County Council; all are supplied with a telephone, and nearly all have a car, provided either by the County Council or by the Nurse herself. In urban areas, the District Nurse serves a population of between 3,000 and 4,000, and in rural areas, where health visiting is also undertaken, one Nurse serves a population of 1,500 to 2,200. The greatest difficulty has been experienced in recruiting sufficient District Nurses, in spite of the award of scholarships for Nurses to train as Midwives on condition that they return to Cornwall for at least one year after qualification. The shortage of staff has been partly made up temporarily by the employment of married Nurses and Nurses who otherwise would have retired.

The Assistant County Medical Officer (Maternity and Child Welfare) is the Medical Supervisor of Midwives; the County Nursing Officer, her Deputy,

and seven Assistants (one in each Health Area) are Non-Medical Supervisors. Routine supervision of Midwives, whether employed by the Local Authority or acting in a private capacity, is undertaken in each Health Area by the appropriate Assistant County Nursing Officer, who visits all domiciliary Midwives in her area at least once every three months. Medical supervision is undertaken in special cases.

All Midwives employed full-time are qualified to administer gas and air analgesia, and have the necessary apparatus available. Pethidine and other narcotics are usually given under instructions from the patient's Doctor.

Ante-natal supervision by Midwives is almost always carried out in the patient's home, and takes place monthly until the 28th week of pregnancy, fortnightly to the 32nd week, and weekly thereafter. Frequently, arrangements are made in rural areas for the Midwife to visit with the Practitioner undertaking ante-natal care. In some towns, Doctors hold an ante-natal session in their surgeries, and these are attended by Midwives. This co-operation with Doctors is constantly extending.

The arrangements for selecting women whose confinement in hospital is recommended on social grounds are basically the same throughout the County, but are in fact used to a far greater extent in booking beds in the Plymouth Clinical Area than in the West Cornwall Clinical area. Where an application is received for admission for social reasons, the home is visited by an Assistant County Nursing Officer or District Nurse, who reports on the home conditions to the County Hall. On this report, a decision is made as to whether the patient can or cannot be recommended for the maternity bed she desires. In cases where the reason given is solely lack of domestic help, it frequently happens that the Domestic Help Scheme can be used to avoid the need for hospital admission. The pressure on maternity beds in the West Cornwall Clinical Area continues to be very heavy indeed, but the number of beds in the eastern end of the County seems to be adequate at the moment for the needs of those who really require admission on medical or social grounds.

Refresher Courses are arranged whereby each Midwife attends a Course every five years. These are usually of one month's duration and are held at Southmead Hospital, Bristol; Sorrento Hospital, Birmingham; or the Alexandra Maternity Home, Plymouth. There are no arrangements for giving training to Midwives in Cornwall, but they are sent to the Alexandra Maternity Home, Plymouth, for Part I, and to the Three Towns Nursing Association, Plymouth, for Part II training, under contract to work in the County for a period of one year.

Health Visiting

The Health Visiting Service is run on the same general lines as the District Nursing Service, that is to say, the Health Visitors are on the staff of the Local Health Authority, and work in one or other of the seven

Health Areas into which the County has been divided. Their work is supervised by the Assistant County Nursing Officer of the area, who is responsible for the day to day administration of all the Nursing Services in the area. Whole-time Health Visitors are employed in towns in the proportion of one Health Visitor to 5,000 population or to 80—100 annual births. In rural areas, Health Visiting is combined with Midwifery and District Nursing. In addition to visiting expectant and nursing mothers and young children, Health Visitors also act as School Nurses, visit problem families, and the aged and infirm. During the last 15 months, 6 Health Visitors have specialised as full-time, and 3 as part-time, Tuberculosis Visitors. In order to provide the best liaison between the Hospital Chest Service and the Local Authority Tuberculosis Services, the Health Visitor attached to the Chest Clinic is responsible for the tuberculosis visiting of all patients within the area served by that Clinic, irrespective of Health Area boundaries. Liaison between the Health Visiting Service and the local General Medical Practitioners and local Hospitals has already been dealt with under heading (2).

Bursaries to the number of about 6 a year are granted to suitable Officers to train for the Health Visitor's Certificate, in return the Health Visitor undertaking to serve the Cornwall County Council for a period of at least 2 years after qualification. Arrangements are made for Health Visitors to attend Refresher Courses on an average once every 4 years, the Courses themselves lasting usually two weeks.

Home Nursing

The general arrangements for this Service are the same as for the Domiciliary Midwifery Service. There are no full-time District Nurses doing home nursing only. Co-operation with General Practitioners and with Hospitals has already been described in previous paragraphs. The main types of cases attended are shown in the following figures as percentages of the total number of cases attended:—

Surgical	...	29.1
Medical	...	68.1
Abortions	...	1.9
Operations	...	0.9

There is no night service, but Nurses, of course, do attend patients at night in an emergency.

Nurses attend Refresher Courses arranged by the Queen's Institute once in every 6 or 7 years. Bursaries are given to suitable applicants to be trained by the Queen's Institute of District Nursing, in return for a contract to return to the County Council after qualification, and serve in Cornwall for at least one year. It is anticipated that when fully staffed, practical refresher courses will be attended. Arrangements are being made for these Courses with the Three Towns Nursing Association.

2. GENERAL INFORMATION

REPORT OF THE COUNTY NURSING OFFICER

The year has been one of great anxiety at times, wondering whether we should be able to carry out the duties expected of us. The shortage of staff has been most acute, and some of our nurses have had to work longer hours than usual in order to avoid a breakdown. There have also been some long periods of sickness. The sick leave for all staff amounted to a total of 2,550 days, 16.8 days per individual. I am, however, pleased to say that our staff is on the increase, and next year the picture may be a little brighter.

Visits to Maternity Units

District Midwives have undertaken 1,397 ambulance journeys in escorting patients to Maternity Units. The time spent was 3,238½ hours.

324 journeys were undertaken between 8 a.m. and 2 p.m.
484 journeys were undertaken between 2 p.m. and 10 p.m.
589 journeys were undertaken between 10 p.m. and 8 a.m.

Of the maternity patients delivered in hospital, 549 returned home before the fourteenth day and were attended by District Midwives.

Post-certificate Training

It is disappointing to report that only 4 candidates accepted Bursaries and completed training for the Health Visitor's Certificate during 1952. It is important that every encouragement and facility should be given to the nurse who wishes to work in a rural area, to help her to qualify herself for the duties she has to undertake. The Nursing Department of the Ministry of Health are greatly concerned because of the number of dispensations being asked for by Local Authorities to enable their staff to carry out duties for which they are not qualified. This dispensation was granted in the first place to cover those who were not eligible for training, but because of their years of experience were to be allowed to continue this work. The training is expensive, and, although help is given by the Authority, the student has still to find an appreciable amount herself. In the case of older students this sometimes presents difficulties, especially if she has dependents. The possibility of giving further financial assistance to our candidates is under consideration.

Refresher Courses

During the year 34 members of the staff attended Refresher Courses as follows:—

Public Health ...	8	Home Nursing ...	4
Midwifery ...	20	Administration ...	2

These courses are much appreciated by those attending, and certainly give fresh impetus to the work.

Gas and Air Analgesia

During 1952 74% of the domiciliary midwifery cases attended by District Midwives received Gas and Air Analgesia.

Housing

Provision of accommodation for our District Nurse-Midwives makes steady progress. During the year 1952 we have acquired 5 more houses. We now have 44 houses and flats accommodating 67 members of staff; of these 17 are owned by the County Council or County Nursing Association; 19 are rented from local Housing Authorities; and 8 are rented from private individuals. Of the 44 houses, 33 are furnished by the County Nursing Association, and 11 are let to staff unfurnished.

Transport

Of the 121 District Nurse-Midwives employed at 31st December 1952, 120 had cars, and 101 of these were provided by the Employing Authority. The rest were owned by individual nurses.

Nurses Employed at 31st December, 1952:—

Administrative Staff

County Nursing Officer	1
Deputy County Nursing Officer	1
Assistant County Nursing Officers	6

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M., Health Visitor's Certificate	19
"Queen's" Nursing Sisters, S.R.N., S.C.M.,	35
State Registered Nurses, S.C.M., Health Visitor's Certificate	4
State Registered Nurses, S.C.M.	24
State Certified Midwives, S.E.A.N.	38
State Registered Nurse	1

Health Visitors

State Registered Nurses, S.C.M., Health Visitor's Certificate	27
State Registered Nurses, Health Visitor's Certificate	2
	158

Patients Attended by Nurse-Midwives

New Patients	13,980
Surgical Cases	3,138
Medical Cases	7,746
Midwifery Cases	2,104
Maternity Cases	579
Miscarriages	217
Notifiable Diseases (including T.B.)	196

Work done by Nurse-Midwives

General Nursing visits	161,103
Midwifery and Maternity Cases visited	55,331
Casual visits	12,114
Ante-natal visits	25,598
Attendances at Operations	56
Nights on duty	1,878
Notifiable Diseases (including T.B.)	4,963

Maternity and Child Welfare Work

	Full Time H.V.'s.	Part Time H.V.'s.	Administrative Staff	Totals
Visits—New Births	2,252	2,537	—	4,789
Visits to children under 1 yr.	20,991	23,447	—	44,438
Visits to children aged 1-5 yrs.	30,854	33,463	—	64,317
Child Welfare Centres attended	1,033	1,125	165	2,323
Visits to Expectant Mothers	828	—	116	944
Ante-natal Clinics attended	—	—	46	46
Immunisation Clinics attended	221	—	6	227
Child Life Protection visits	62	3	40	105
Lectures and talks given	226	—	75	301
Demonstrations	335	—	—	335
School Work				
Attendances at Minor Ailment Clinics	819	—	—	819
Attendances at School Medical Inspections	421	413	—	834
Attendances at School Cleanliness Inspections	1,309	1,680	—	2,989
Follow-up visits	2,237	1,305	—	3,542
Tuberculosis Work				
First visits to Patients' Homes	308	—	—	308
Revisits to Patients' Homes	6,912	—	79	6,991
Clinics attended	662	—	67	729

REPORT OF THE COUNTY NURSING OFFICER AS STATUTORY NON MEDICAL SUPERVISOR OF MIDWIVES

Midwives practising on 31st December, 1952:—

Domiciliary Cornwall County Council:—	
"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	19
"Queen's" Nursing Sisters, S.R.N., S.C.M.	35
State Registered Nurses, S.C.M., H.V.Cert.	4
State Registered Nurses, S.C.M.	24
State Certified Midwives	38
	120

Domiciliary in Private Practice	34
In Nursing Homes	17
	171

Cases attended by above midwives:—

	As Mid.Nurse	As Mat.Nurse	Totals
Cornwall County Council ...	2,104	579	2,683
Independent Midwives and in Nursing Homes	96	179	275
	2,200	758	2,958

Notifications received:—

Stillbirths	113
Deaths of Mothers	6
Infants deaths	149
Artificial feeding	324
Liability to be Source of Infection	59
Sending for Medical Aid	796

Medical Aid forms sent in respect of:—

Mother during Ante-natal period	140	
Mother during Labour	461	
Mother during Puerperium	88	
Infants	107	

Work of Supervisor and Assistants:—

Regular Inspections of Midwives and Nurses	460
Other visits to Nurses	713
Special visits of Enquiry	420
Inspections of Nursing Homes	39
Inspections of Old Persons Homes	32

FAMILY PLANNING CLINIC

The Family Planning Association hold a clinic at Falmouth. Since opening in January, 1951 the work has increased, and now a weekly clinic is held. The following is an analysis of reasons for attendance:—

Spacing	259	Premarriage advice	5
Limitation (families of 9 and over)	4	Tuberculosis	11
		Other Medical	104
Housing	112	Other reasons	10
Economic	13		

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act provides for the registration and inspection of private day nurseries where children are cared for by the day for a period not exceeding 6 days, and also for persons who for reward receive into their homes children under the age of 5 to be cared for by the day for a period not exceeding 6 days.

One Daily Minder is registered with the County Council under this Act and had 8 children under 5 years in her care during 1952.

One application was refused by the County Council.

NURSING HOMES

Nursing Homes are registered and administered under the Public Health Act 1936. At the end of the year there were 13 registered Nursing Homes in the county with 31 maternity beds and 111 beds for other cases. There were 267 babies born in Nursing Homes in 1952 as compared with 318 in 1951, and 576 in 1950.

Routine inspections are made to Nursing Homes by the Assistant County Medical Officer and the Assistant County Nursing Officers. 69 such visits were paid. 2 Nursing Homes were closed by the owners, and a third re-registered as a Home for Old Persons. There were no new applications.

DISABLED AND OLD PERSONS' HOMES

These Homes are registered and administered under the National Assistance Act 1948. This Act provides for the registration and inspection of Homes which accommodate the aged, or other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity.

At the end of the year 16 Homes for Old Persons, and 1 Home for the Blind were registered with the County Council, with accommodation for 229 old people and 21 blind. Two Homes were closed by the owners and 5 new Homes were registered. During the year 62 routine visits of inspection were paid to these Homes.

DOMESTIC HELP SERVICE

1. SURVEY

Before the Appointed Day a small home help service was run by the County Council with the provision of two or three whole time resident home helps. With the implementation of the National Health Service Act this scheme was extended, with the help of the W.V.S. and the co-operation of District Councils. The scheme was put into operation in towns and was rapidly extended until the whole County was covered.

At first the greatest demand was to help aged people, and where there was temporary illness in the home. Although priority was given to maternity

cases, during the first months mothers were reluctant to use this service. Once this reluctance was overcome there has been a big increase in home helps supplied to maternity cases. This has relieved pressure on hospital maternity accommodation and also on Children's Homes, to which many of the families of mothers in hospital would be sent had there been no home help available. Recently home help has been required for an increasing number of cases before and after confinement owing to illness (toxæmia) of the mother. This is possibly a sequel to the interest taken in eclampsia referred to previously.

In 1950 the service was extended to include patients suffering from open tuberculosis. Such homes are served by home helps who volunteer and special precautions are taken to safeguard their health, including an annual chest X-ray. There is a growing demand for this branch of the service too.

The biggest need for the service is for the aged and frail ambulant population. Many of these people are not in need of constant medical and nursing attention, and are enabled to remain in their own homes with home help. This frees beds in the geriatric wards and Part III accommodation, and besides being a more economical arrangement is much preferred by the old people.

The home help service works in close co-operation with general practitioners, hospitals, health visitors and the domiciliary nursing service.

Towards the end of 1952 an experiment was tried in one area by appointing one selected home help to assist in rehabilitating problem families. If this is successful it is hoped to extend it to other areas.

Central responsibility for this service is undertaken by the County Health Committee, acting on the advice of the County Medical Officer, but day to day administration is delegated to the Area Sub-Committees acting on the advice of an Assistant County Medical Officer who is also Medical Officer of Health of Local Sanitary Authorities in the area.

The scheme is operated by the Women's Voluntary Service, in conjunction in some areas with District Councils, and in others with the Health Area Office. Each district has a local voluntary organiser who is responsible to the Area Sub-Committee and its Medical Officer for the Home Help Service in her district. The whole service is supervised by a County Organiser who is a full time salaried employee of the County Council.

Home help is only supplied where there is a medical need, on production of a medical certificate. Householders who are unable to pay the full cost are assessed for payment according to their income. Local Organisers deal with as many cases as possible with their staff, and when it can be shown that there is a real need for more help, the establishment of home helps is increased. Priority is given to maternity cases, and where there is illness of mothers with young children.

Full-time (42 hours a week) and part-time (22 hours a week) home helps on a guaranteed wage, work from a centre in and near towns. In remote rural areas spare-time home helps are recruited to serve special cases. In addition, there is a small panel of resident home helps used when daily help is impracticable.

One home help holds the certificate of the National Institute of Houseworkers but there are at present no special facilities for training.

The following figures show the expansion of the service:—

	Home Helps Employed				
	Full Time	Part-Time	Cases Served		
1948 (5 months)	28	21			171
1949	49	30			718
1950	50	64	Maternity	284	
			T.B.	19	772
			Others	469	
1951	50	85	Maternity	254	
			T.B.	30	843
			Others	559	
1952	44	112	Maternity	292	
			T.B.	21	949
			Old Age & Infirm	278	
			Others	358	

2. GENERAL INFORMATION

The following table shows the number of Home Helps employed and the number of cases during the year.

	Number of Home Helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Maternity	Tuberculosis	Other	Total
Area No. 1 ...	6	4	16	33	2	103	138
Area No. 2 ...	10	18	5	38	—	115	153
Area No. 3 ...	17	4	10	65	11	211	287
Area No. 4 ...	5	2	18	46	3	104	153
Area No. 5 ...	—	—	7	12	1	15	28
Area No. 6 ...	1	1	4	13	—	29	42
Area No. 7 ...	1	4	7	20	4	54	78
County Panel	4	—	2	65	—	5	70
Total ...	44	33	79	292	21	636	949

DENTAL SERVICE

REPORT OF CHIEF DENTAL OFFICER

Mr. K. Batten, the Chief Dental Officer, reports as follows:—

As previously, this report on the Dental Service provided by the County Council for the priority classes, is presented under two headings.

1. School Dental Service (Education Act, 1944).
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946).

Staffing

The staff is common to both parts of this Service and the time spent on each section is allocated accordingly—viz., the School Dental Service 3,448 sessions and the Mothers and Young Children's Dental Service 174 sessions. The staff available during this year has been equivalent to 1 Chief Dental Officer and 7 whole-time Assistant Dental Officers, 8¼ whole-time Dental Attendants, 1 Dental Technician, 2 Dental Apprentices and 1 Clerk.

Mr. Stranger, having been sick since the 23rd March, 1951, had his appointment terminated on the 10th January, 1952.

Mr. P. S. R. Conron and Mr. R. J. R. Baker joined the staff on the 1st May and Mr. G. C. Hodgson on the 2nd July.

Mr. E. R. Trythall was appointed as part-time dental officer on the 10th March and has given two days a week to the Service.

The response to advertisements for two more whole-time Assistant Dental Officers is now being awaited and if these become available it seems that with a staff of 10 Assistant Dental Officers it will be advisable to wait before appointing the other two allowed for until the results of the recent amendments to the National Health Service Act become apparent.

Miss R. P. Rowe retired on the 2nd June and was replaced by Miss R. J. MacGregor from Falmouth who was replaced by Miss G. J. C. Baker.

Miss A. Freeman took up duty on the 2nd July and Miss R. M. Head was appointed in a part-time capacity on 30th June.

Miss E. G. F. Rundle was appointed and took up duty on the 6th March, but, unfortunately, has been absent sick since the 15th September.

Dental Centres

During this year new centres have been established in Newquay and St. Austell. In Newquay the premises and equipment were taken over from a private practitioner on his leaving the town and so the Centre is a facsimile of a private practice.

The Centre in St. Austell, built by the County Council, is of the most modern design and described by the Principal Dental Officer of the Ministry of Health, who attended the official opening, as one of the best and most

pleasing he had yet seen. It is composed of two surgeries, recovery room, dental laboratory and X-ray darkroom and dental office and is open daily.

When the Dental Centre is opened in the new Health Centre at Hayle early next year. it will be necessary to establish well equipped dental centres at Helston and St. Ives only to complete the proposals submitted to the Ministry of Health in 1948.

Fixed days for attendance by Dental Officers at centres have now been arranged; all other interested parties have been informed of this arrangement and now patients can be referred to the clinics on these days with a certainty of at least being inspected and given an appointment.

The change-over from dental treatment being carried out in schools and village halls to well equipped dental centres is now practically completed.

Help at the Redruth Centre has been given on one day a week from Truro.

A well equipped dental centre at Helston is badly needed to replace the one now in temporary use. Second surgeries are urgently needed at Truro, Penzance and Falmouth. In order to meet the present and future requirements a larger waiting-room is necessary and the laboratory should be enlarged at Truro.

The following list shows the number of school children allocated to Dental Officers in the dental district or districts under their care at present and the time it would take to give routine inspection and treatment in each case:—

District	No. of Children on Rota	Time Taken
Launceston—Bude	3,553 & M.&Y.C.	1½ years
Saltash—Torpoint ... ... (Part-time, 2 days week)	2,251	3½ years
Liskeard—Looe Callington	3,806	1½ years
St. Austell Fowey	4,908 & M.&Y.C.	2 years
Wadebridge—Bodmin Newquay	5,094 & M.&Y.C.	2 years
Truro Redruth (Town) Part Truro Rural	6,800 & M.&Y.C.	2 years
Camborne—Redruth (Part) St. Ives—Hayle Helston	7,876	3½ years
Falmouth—Penryn	4,000 & M.&Y.C.	1¾ years
Penzance and Rural	4,933 & M.&Y.C.	2 years

The addition of two dental officers to the present staff will considerably improve this position and relieve overloading.

Routine Inspection and Treatment

The Treatment figures show an approximate increase of ⅓ on the previous year's figures. Of a school population of 43,000, Routine Inspection has been carried out for 23,364 children, of these 17,155 were found to require treatment and treatment was offered to 16,553. In addition 2,148 special cases were inspected and of these 1,933 were referred for treatment and received it, so that a total of 25,512 were inspected, 18,701 were referred for treatment, 9,393 were treated making 16,787 attendances.

The percentage of children found to require treatment during the year was 76 as compared with 81 last year.

Of the children offered dental treatment under this Authority's dental scheme during the year an average of 58 per cent. accepted as compared with 66.7 per cent last year.

This average acceptance rate has been lowered during the past few years because of the irregularity, and in certain areas total absence, of routine Inspection and Treatment, causing overloading in some districts and no treatment at all in others; an example of the latter being the Bude—Launceston District which was without a dental officer from 1948 until March, 1952 and the Penzance District which has been without a dental officer for over two years.

Mr. R. J. R. Baker, the Assistant Dental Officer who is now engaged in the Penzance Dental District, remarks in his Annual Report:—

"It is almost four years since, as a district dental officer under this Authority, I have had any contact with Public Dentistry. During that interval the National Health Services with their later modifications in relation to the Dental Regulations have been introduced, and have become an accepted part of the community's daily life. The facilities offered and provided by the latter, and their impact on Public Dentistry in general, and on School Dentistry in particular, have been interesting and instructive to observe.

The broad conclusion seems to be that the Public Dental Officer is no longer engaged as formerly, in a protected and sheltered occupation—on the contrary, in view of present day legislation, he is placed on a precisely equal footing with the Private Practitioner. In consequence, he must now either stand or fall by his own exertions and by the character of his work and his professional abilities. From this point it is only another step, in all fairness to the Dental Officer, to envisage his working under conditions similar to those which his confrère in Private Practice normally provides for himself — congenial surroundings, modern and adequate equipment, ancillary services, and such other facilities which enable him to make a valuable and worthwhile contribution to the health and general well-being of the community.

On my return to Cornwall after four years' absence, it is heartening and encouraging to note the progress which has been made under this Authority towards providing those conditions and amenities for the Dental Officers in this County.

On rejoining your staff in May last, I found that, owing to unavoidable circumstances over a considerable period, a great lapse of interest in dental hygiene had occurred in both parents and children and, in consequence, attendances for treatment had fallen to a very low level. A fairly substantial proportion of children, when finding themselves in need of emergency treatment, had been sent by their parents to Private Practitioners and, in a number of cases, had then continued in this way for treatment of a conservative nature.

But it is most gratifying to note that the percentage of acceptances for treatment is gradually rising, and that attendances for casual and emergency treatment are considerably increasing. Eight months ago these figures were almost down to nil.

The rate of acceptance for this district at approximately 30 per cent. is, of course, far too low, but it is apparent that this figure, now well on the upgrade, will be considerably increased during the next 12 months."

3,227 of the children shown above as receiving Routine Inspections were offered treatment by those Private Practitioners operating in districts where the County Dental Service was understaffed. These Private Practitioners were selected from the 18 of the 90—100 Private Practitioners in Cornwall who volunteered to set aside specific sessions to treat school children in their surgeries. As more staff become available to the County Dental Service this scheme will gradually be concluded, but children who refuse to accept treatment under this County's scheme will have a form sent them advising early visits to Private Practitioners. 2,132 of these children inspected required treatment, 55 per cent. of these accepted treatment and to date 773 names of these children have been forwarded—others will be forwarded as applied for. I am given to understand that appointments have been well kept. It is expected that this scheme will practically cease during the next year.

Treatment provided during the year included 11,130 fillings in 8,575 Permanent Teeth and 1,832 fillings in 1,647 Temporary Teeth. In addition 1,645 children have had temporary teeth conserved by the application of 4,561 ammon: silver nitrate dressings. 1,596 Permanent Teeth have been extracted and as 235 of these were extracted for orthodontic reasons, this number is satisfactory. It was found necessary to extract 6,037 Temporary Teeth mainly to relieve pain and clean up oral sepsis.

' Other Treatments ' relate to 7,840 Permanent and 4,605 Temporary teeth including 911 scaling cases.

The amount of work found necessary per 100 cases being:—

Fillings		Extractions		Other Operations	
Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth
117	20	17	64	83	49

This is an improvement on last year.

Appointments were broken by 2,920 children in spite of all attempts to reduce this figure.

During this year 282 sessions were allocated to Inspection and 3,166 to Treatment.

As an experiment I have endeavoured to assess the position regarding the general condition of children's mouths on entering and leaving schools, but this year I have only obtained figures for October, November and December. These results show that of 5,496 inspected, a total of 467 school entrants of five years' old entered school dentally fit and 272 pupils left school dentally fit. Arrangements have now been made whereby in the next Annual Report a true picture extending over the whole year will show the following:—

(1) The number of five year old children entering school—
    (a) Naturally Sound (b) Artificially Sound—Number Dentally Fit.
(2) The number of school leavers (a) Primary (b) Secondary, leaving school dentally fit.

These results will show the numbers in these two groups made dentally fit by both the School Dental Service and private practitioners and may prove instructive in showing where it would be most necessary to place the bulk attack on dental disease so as economically to bring about an improved dental condition in children leaving school.

The presence at Meetings of the Dental Sub-Committee of the nominee of the Local Dental Sub-Committee, co-opted to this Committee has been most helpful.

The children in the care of the County Council, either in homes or boarded-out, are inspected twice yearly, and consequently their dental condition is exceedingly good.

ORTHODONTIA

It has again been found that a far greater number of these cases have presented themselves for this specialised type of treatment during the year than present staffing conditions would allow to be undertaken without unduly using time which should be given to more fundamentally important treatment.

250 sessions have been allocated in continuing treatment for 167 orthodontic cases whose treatment was commenced during previous years, 140 new cases have been taken on and treatment has been satisfactorily completed for 73 cases, all these being treated by removable appliances. In addition, 17 cases were treated by using fixed appliances and 141 cases of irregularities of teeth have been treated by extractions only.

In order to promote normal jaw growth and to prevent irregularities the retention of temporary molars up to the required age has been encouraged not only by filling, but by making self-cleansing, teeth which are unsuitable for filling, and treating them with ammoniated silver nitrate.

General Anaesthetics

This service continues to expand and now should be extended by allowing a certain number of dental officers to attend a post-graduate course at the Eastman Dental Hospital which is part of the University of London and so enable them to administer general anæsthetics in their own portions of the County.

During the year I have given general anæsthetics to 298 patients.

X-Rays

One new X-ray apparatus has been purchased and installed during the year.

122 skiagrams have been taken for 81 patients.

Dental Laboratory

This continues to work to full capacity, but because of the increase in the number of pupils attending and wishing to attend the Apprentices' Course, and to the installation of new necessary equipment, the Laboratory urgently needs extending.

An important item installed during the year is a casting outfit to enable the use of a new metallic alloy called VIRILIUM—besides having all the qualities necessary for dental use, this alloy has exceptional tolerance to the tissues, does away with the need of using gold alloys and is about one-fifth of the price of gold. The time factor is approximately equivalent to that of processes in which gold alloy is used.

The work done for school children during the year comprises:—

Orthodontic Appliances (Removable)	...	295
Orthodontic Appliances (Fixed Virilium)	...	7
Partial Plastic Dentures	...	87
Partial Virilium Dentures	...	13
Repairs	...	19
Crowns	...	2
Ortho Dup. Reference Models Cast	...	575

Apprentices' Course

This continues to run with an increasing popularity. All six apprentices who entered passed the Intermediate Examination of the City and Guilds held last May, and are now studying for the Final Examination which they hope to attempt in May, 1954.

The Syllabus for the Final has now been revised, with the result that the whole Course, theoretical as well as practical, is now being undertaken in the Laboratory and two sessions a week at least will have to be devoted to this class.

Nine pupils are now studying for the Intermediate Examination which they will attempt in May, 1953. One session a week in the Laboratory is necessary for this class, which at present is also attended by two junior apprentices.

It will be necessary to commence another class consisting of a certain number of the junior students and others whom, up to the present, it has been impossible to admit to the practical side—this will involve the use of another session and will necessitate an additional instructor.

I have continued to supervise this course and have received great help from Mr. P. S. R. Conron, L.D.S., of our staff, and Mr. N. Black, L.D.S., in professional lectures and, of course, much praise is due to the chief technician who up to now has given all the technical and practical instruction with such good results as to obtain 100 per cent. successes at the last examination.

Mothers and Young Children's Dental Service

Owing to vacant districts and the lack of staff it has been impossible to introduce this portion of the National Health Service Act, 1946, over the whole of the County. Three new districts have been added during this year and the scheme is now operating in the following districts:—

Penzance
Penryn—Falmouth
Truro
St. Austell
Wadebridge—Bodmin } commenced during 1952
Newquay

The following table shows the work done under this heading:—

(a) Numbers provided with dental care

	Expectant and Nursing Mothers	Children under Five
Examined	97	211
Needing Treatment	94	198
Treated	77	180
Made Dentally Fit	59	118
Attendances	401	389

(b) Forms of dental treatment provided

	Expectant and Nursing Mothers	Children under Five
Extractions	233	115
Anaesthetics:		
Local	48	59
General	17	8
Fillings	105	215
Scalings	13	—
Silver Nitrate treatment ...	—	200
Dressings	103	—
X-Rays	16	—
Dentures Provided:—		
Full	41	—
Partial	34	—

Last year more post-natal than ante-natal cases came for inspection, but this year 49 ante-natal cases were inspected against 48 post-natal. Although new cases have fallen off, all cases previously treated are presenting themselves for further inspection and treatment.

In addition to the above, 100 cases were inspected and given preventive orthodontic advice and are being kept under observation.

17 mothers and eight pre-school children had extractions under general anæsthesia.

It is to be regretted that greater numbers of mothers do not make use of this very important section of the dental portion of the National Health Service Act, and it is a greater pity that they do not seem to realise the importance of bringing their children of pre-school age for inspection from the age of two years, because it is in the sphere of pre-school years that it will be possible to gain control of dental disease and keep it in abeyance during school life at anything approaching an economical cost in either manpower or money. This fact is emphasised by several of our dental officers in their annual reports and is illustrated by the comparatively few children entering school with anything approaching a satisfactory dental condition.

I feel that much good might be effected if:—

(1) Mothers and children could be sent direct to the Dental Officer in the same building from ante and post-natal and infant welfare clinics also held there.

(2) More talks could be given by Dental Officers to mothers at ante and post-natal clinics.

(3) Talks to parents at parent-teacher association meetings—but again the usual tale of lack of staff works against this.

I should like to reiterate on the absolute necessity and importance of dealing with dental disease most urgently during these pre-school years—even if all categories of staff have to be engaged in it.

AMBULANCE SERVICE

1. SURVEY

The geographical nature of the County of Cornwall, featuring as it does areas deeply inundated with waterways and large expanses of coast margin and moorland, presented transport problems at the very outset of the National Health Service.

Consideration of the transport difficulties involved by such an area were instrumental in the Council's decision to make special provision in their Proposals under the Act of 1946 to enable volunteer manned stations in the more remotely situated areas to continue in the form of "Country Centres."

On and after the Appointed Day, therefore, the Cornwall County Council, by means of its own Ambulance Service, of which the voluntary centres

formed an important part, and by the use of the Hospital Car Service, undertook the transport of patients within the whole County, not only on medical grounds, but also on the grounds of "lack of public transport."

In the first year of the Service, the demand exceeded all expectations, both for ambulances and for sitting-case transport. Between June and December, 1948, the total monthly mileage of the Service rose from 37,512 to 101,733. As there was a general huge demand for transport throughout the country, this great rise was watched in the hope that it represented only the demands of a public who were enjoying for the first time the benefits of "something for nothing" and that it would fall.

While the demand for stretcher transport continued to rise steadily, its rise was entirely eclipsed by that of the Sitting Case Car Service which, by July of 1949, was largely the reason that the total monthly mileage of the Service reached 137,935 miles.

At the same time as the mileage was rising so rapidly, reports were being received of the "misuse" and "abuse" of the Service generally, and of the Sitting Case Car Service in particular. In consequence, much energy was expended in examining these reports and in endeavouring to check those "abuses" which were discovered.

At this time too, a small experimental Utilecon Service was commenced with three vehicles in December 1948, and increased to six vehicles in June 1949. The full effect upon the Hospital Car Service mileage was not immediately felt, but a decrease was noticeable and as more experience in the use of Utilecons was obtained, a definite downward trend in the total mileage was observed.

After a seasonal lull in December 1949, the demand for all forms of transport, ambulance, utilecon and hospital car service, began to rise to such an extent that it was obvious that some important decision must be made if the cost of the Service was not to exceed the Council's budget. Accordingly, in June 1950 the Council resolved that, with the exception of children, patients would no longer be provided with conveyance on the grounds of "lack of public transport" and that a certificate, signed by a qualified Medical Practitioner, would have to support all demands for transport on "medical grounds."

Comparative statements of the cost of the Ambulance Services produced at this time showed that with a figure of £269. 8s. per thousand population, the Cornwall Ambulance Service had risen from the second to the most expensive in the Country. These figures were carefully examined and the result showed that while the cost per thousand of population was so high, the cost per patient and the cost per mile were no more than in most Counties, and less than the average for the country; but the mileage per head of population was 4.6 compared with an average of 2.2 for the whole of the English Counties. The number of patients carried per 1,000 population in Cornwall was 276 compared with an average of 187 for the Counties of the

South-Western Region, including Cornwall. Thus, there was left no room for doubt that in spite of all the action which had been taken, the demand for ambulance transport in Cornwall remained among the highest in the Country.

Attention again focussed upon the **demand.** It was clear that by far the greatest proportion of the demand was for sitting case transport, and this in spite of the fact that the Council's fleet of Utilecons (now increased to 12) did not provide the patients with the privacy or freedom to which they had been accustomed when travelling by private cars enrolled in the Hospital Car Service.

Detailed records were kept to show the exact demands made upon the Service—and it soon became clear that the Physiotherapy Service made the greatest demand for transport, and that additional Physiotherapy Clinics opened to try to decrease the demand for transport had in fact revealed an increased demand for physiotherapy. Examination of the Regional figures, however, showed that compared with other Hospital areas, the physiotherapy attendances in the Cornwall area were not in any way excessive.

In arranging the times of appointment at hospitals, for physiotherapy as well as for all other types of treatment, Hospital Appointment and Transport clerks (whose existence was due to a genuine desire on the part of the Management Committees to assist in controlling the demands upon the Service) had orders to make the best possible use of the public transport facilities available in the County.

The fact that, in spite of the genuine desire of all concerned in the day to day running of the Service to be as economical as possible, the mileage rate now registers a fairly steady line on its graph makes impossible any conclusion other than that in signing the necessary certificates, Medical Practitioners and Specialists are aware of and are unwilling to submit their patients to the circuitous journeys and prolonged waits which would in most cases be necessary to reach Hospitals and Clinics by public transport, even if the latter existed at all. This conclusion is most strongly backed by the experience of the County Education Committee who are obliged to spend more than twice as much money upon the private conveyance of children to school than it is possible to spend upon fares for them to travel by public transport.

During the year 1952, the attention of the West Cornwall Medical Advisory Committee was drawn to the very heavy cost of the Ambulance Service in this County, and to the fact that this heavy expenditure on one branch of the Service is bound to delay many very desirable expansions of the Health Service in other directions. The Committee appointed a special Sub-Committee to review the demand on the Ambulance Service, and it is encouraging to be able to report that the medical profession, upon whose medical certificates the Service is provided, are just as concerned as everyone else in attempting to reduce the call for ambulances and sitting case cars.

However, until it is possible to provide better public transport services universally throughout the County, little further decrease can be expected in the Ambulance Service mileage. The Utilecon remains the major, and most economical load-carrier, and has given every justification for increasing the strength of the Ambulance Service to its present complement of 30 of these excellent vehicles.

As a result of all these efforts to control the call on the Ambulance Service and to reduce its mileage, the mileage run each year has indeed been reduced. In 1952, the total mileage had been reduced to 1,357,499 from 1,424,985 in 1951, and 1,557,892 in 1950—a reduction of over 200,000 miles or 13% in two years.

Radio Call-Out

The year saw the inauguration of the radio call-out system on an experimental scale. Six ambulances were equipped with wireless and one master-station was provided at Redruth. An exercise was first held to test the scope of the system and to ascertain as far as possible where the "black spots" lay in which it would not be possible to communicate. The number of such "black spots" has fortunately proved small and good reception is reported over nearly the whole area expected to be covered.

It was never believed that the radio system would be able to effect a great saving in mileage, although there are cases where diversions of ambulances have saved journeys. The main reason for the installation was to provide more complete ambulance cover in emergencies, and in this respect the initial experiment proved that better use could be made if the ambulances equipped with radio were re-allocated to a single area. This re-allocation is in progress and its results will be available early in the New Year. One interesting aspect is the equipment of The Lizard utilecon with radio, and the effect of so equipping a utilecon based in a large, thinly populated area will be watched with care.

2. GENERAL INFORMATION

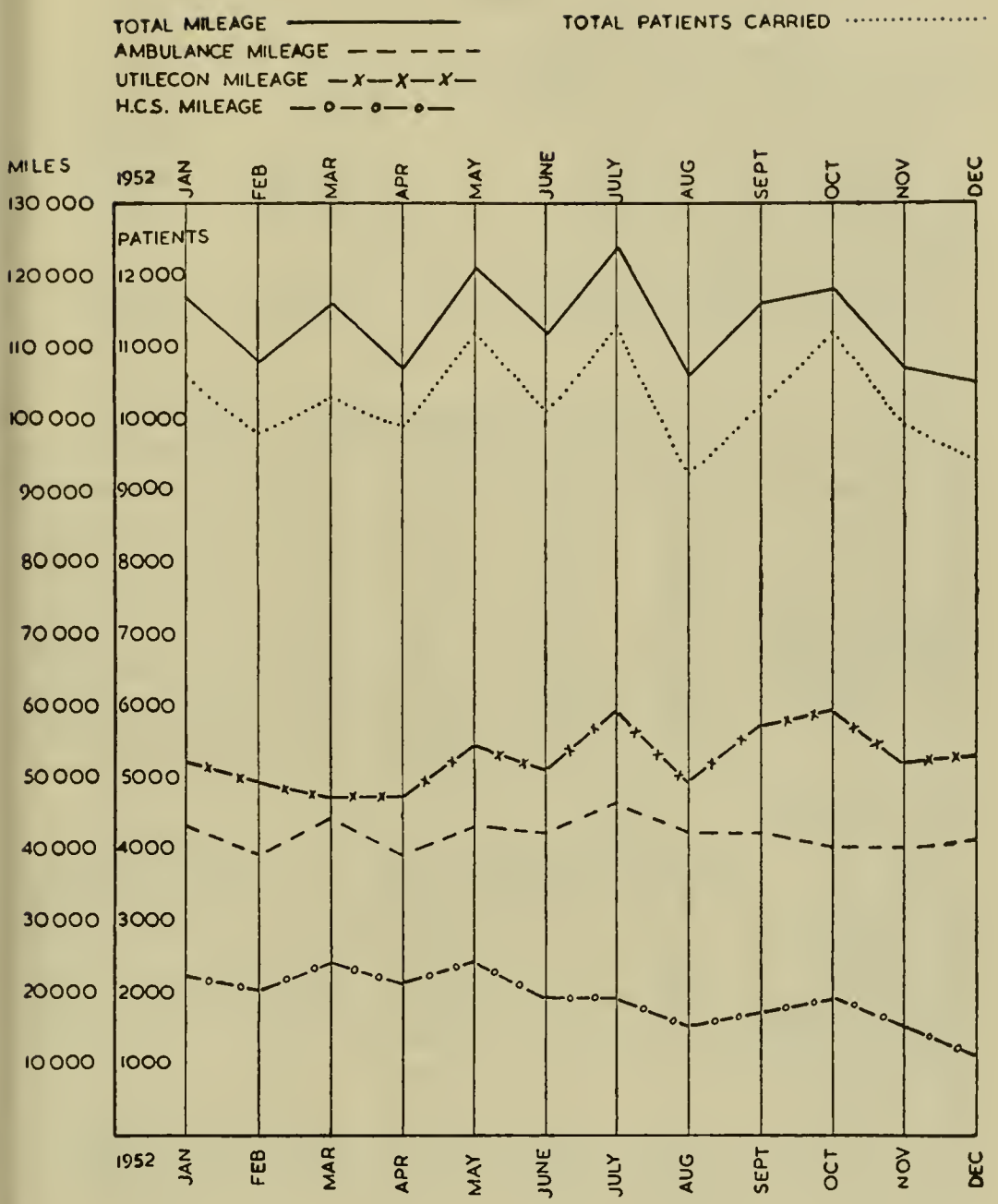
The accompanying graph shows the total number of patients transported and miles travelled by the three branches of the Service (Ambulance, Utilecon and Hospital Car Service) during the year.

Long Distance Transport

	1951	1952
No. of patients carried in ambulances and utilecons ...	304	331
No. of patients carried by rail (omitting patients for whom the County Council did **not** pay fares) ...	100	129

Volunteer Manning

During the year the Voluntary personnel at Country Centres transported 2,847 patients and travelled 88,392 miles.



Service Statistics

In conforming with the Ministry of Health Circular No. 25/51, it is not possible to compare the patient figures of 1952 with those of 1951, which were computed on a different basis. The total miles travelled during 1951 were 1,424,985, whereas in 1952 the miles travelled were 1,357,499, a decrease of 67,486 miles.

AMBULANCE SERVICE

	1951	1952
Number of patients carried	—	35,993
Number of miles travelled	546,860	501,264

UTILECON SERVICE

	1951	1952
Number of patients carried	—	71,540
Number of miles travelled	590,680	628,932

HOSPITAL CAR SERVICE

Number of patients carried	—	15,604
Number of miles travelled	287,445	227,303

AMBULANCE SERVICE

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
No. 1 Penzance ...	235	251	5,821	6,307	3,525	63,769
No. 2 Redruth ...	190	594	8,538	9,322	4,480	84,407
No. 3 Truro ...	204	428	6,685	7,317	4,689	86,235
No. 4 St. Austell ...	365	953	3,159	4,477	2,304	80,353
No. 5 Wadebridge	94	292	2,151	2,537	1,028	56,808
No. 6 Launceston ...	94	635	932	1,661	965	61,803
No. 7 Liskeard ...	176	596	3,600	4,372	1,943	67,889
Totals	1,358	3,749	30,886	35,993	18,934	501,264

UTILECON SERVICE

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
No. 1 Penzance ...	7	10	7,134	7,151	2,828	55,648
No. 2 Redruth ...	5	—	15,363	15,368	5,395	107,799
No. 3 Truro ...	20	12	16,187	16,219	8,040	139,747
No. 4 St. Austell ...	42	39	12,007	12,088	2,071	105,030
No. 5 Wadebridge	1	—	6,046	6,047	898	73,667
No. 6 Launceston ...	—	37	7,013	7,050	836	90,525
No. 7 Liskeard ...	5	6	7,606	7,617	959	56,516
Totals	80	104	71,356	71,540	21,027	628,932

HOSPITAL CAR SERVICE

Area	Number of Patients	Number of Journeys	Mileage
No. 1 Penzance	1,822	581	12,096
No. 2 Redruth	687	295	7,974
No. 3 Truro	2,705	1,259	45,022
No. 4 St. Austell ...	3,609	1,164	37,092
No. 5 Wadebridge	784	388	14,846
No. 6 Launceston	1,631	576	35,899½
No. 7 Liskeard	4,366	1,784	74,373½
Totals	15,604	6,047	227,303

EPIDEMIOLOGY, PREVENTIVE MEDICINE, CARE AND AFTER CARE

1. SURVEY

Vaccination and Immunisation

Vaccination against smallpox is carried out almost entirely by the General Practitioners taking part in the Council's Vaccination and Immunisation Scheme, under which they are supplied with free lymph through the Public Health Laboratory Service. Arrangements have been made for vaccination to be carried out by members of the County Council's Medical Staff as required.

Immunisation against diphtheria is also carried out by these General Medical Practitioners, who are supplied through the Health Area Offices, with antigens from the Public Health Laboratory Service, and by the Assistant County Medical Officers and Assistant School Medical Officers who carry out the work in the Child Welfare Centres and Schools.

Leaflets and posters, obtained from the Central Council for Health Education, are used in Welfare Centres to reinforce the constant teaching in the homes by Health Visitors of the value of vaccination and immunisation, and birthday cards are sent to non-immunised children on their first birthday. The danger inherent in the recent falling off of the rate of immunisation, due in part to the practice of suspending immunisation during the prevalence of poliomyelitis, but in greater measure to complacency amongst parents on account of virtual elimination of diphtheria over the past decade, is kept constantly before the Council's medical and nursing staff. Medical practitioners are advised to suspend immunisation only if two or more cases of poliomyelitis have occurred within 3 weeks in a local circumscribed area, and the advice is only given to Practitioners in that area. The support of all General Medical Practitioners in the County in securing the immunisation of all children before their first birthday, was sought by circular letter in February 1952, following a local press advertising campaign throughout the previous month.

While a great deal of primary immunisation is done by General Medical Practitioners, the major part of the work of giving booster doses at appropriate ages is done by the Council's own staff, and changes are being made in the method of record keeping in the Health Area Offices so as to bring unprotected children and those needing booster doses to immediate notice.

With the co-operation of Head Teachers in the schools, most of the work of giving booster doses is done either at routine visits or at specially arranged sessions.

A growing demand for the protection of children against whooping cough has been evidenced by enquiries from parents and the use by many General Medical Practitioners of combined diphtheria and whooping cough vaccines obtained, presumably by prescription under Part IV of the National Health Service Act, 1946, in lieu of the antigens supplied free under Local Health Authority arrangements. In October the County Council obtained permission

from the Ministry of Health to make available vaccination against whooping cough and the combined diphtheria-pertussis prophylactic W.D.P. (Red), (Parke Davis) is now in use, this vaccine being made according to the Kendrick formula from which the best results were obtained in the Medical Research Council's trials. The vaccine is obtainable from the Health Area Offices. The former diphtheria prophylactics A.P.T. & T.A.F. continue to be available and a separate plain pertussis vaccine is also supplied on request. The recommended age for combined immunisation or immunisation against whooping cough only is 6 months.

Records are being kept of the vaccination of children against whooping cough, in order that the value of this form of protective innoculation may be assessed.

Prevention, Care and After Care

(a) Tuberculosis

Prevention — General Measures. To ensure co-ordination in the prevention of tuberculosis, the County Medical Officer holds a quarterly meeting of the Assistant County Medical Officers, and once a month the County Medical Officer or his representative meets the Chest Physicians in order to smooth out any difficulties which may arise.

Certain health visitors in the County have been selected as tuberculosis health visitors, each based on a chest clinic area and responsible for the running of the clinic, the domiciliary visiting of patients in the clinic area, tuberculin testing of contacts, and the segregation of tuberculin negative contacts where B.C.G. is thought advisable.

A special contact and B.C.G. clinic is held once a month in each clinic area and a special effort is being made to ensure that all tuberculin negative contacts under 40 years of age receive B.C.G.

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a health visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The health visitor arranges for the patient and contacts to attend at the nearest chest clinic, where the home conditions report is available to the Chest Physician.

In order to reduce the number of visits to the clinic the health visitor applies tuberculin jelly tests to the contacts before the first visit to the clinic. Positive reactors attend the clinic for X-ray, but if the test should be negative, and the Chest Physician advises B.C.G. the health visitor arranges segregation and subsequently carries out a Mantoux test three days before the next visit to the clinic. The test is read by the Chest Physician who carries out B.C.G. vaccination where indicated. In this way, vaccination is carried out at the second attendance.

Segregation of contacts for six weeks before and six weeks after vaccination is rigidly enforced. Difficulty is occasionally encountered in regard

to segregation, but where no convenient relative is available, the child is admitted at the expense of the Health Committee to one of the Children's Homes. Babies born of tuberculous parents are vaccinated within a few days of birth and if necessary placed in the care of the Children's Officer for six weeks, a procedure not popular with parents, especially when the first-born is involved.

The response to B.C.G. vaccination has been good; up to the 31st December, 1952, 1,510 vaccinations have been carried out.

Mass Radiography—A mass radiography unit is allocated for use within the County for approximately eleven weeks each year. During 1949 and 1950, the Unit was employed in the usually accepted way, namely, a visit of two weeks to a particular town, during which time open sessions were held for the general public and special sessions were held for the employees of any large factories in the area. Falmouth, Penryn, Camborne-Redruth and Penzance were visited in this way, but the method appears uneconomical in that there are very few industries employing sufficient personnel to make a satisfactory nucleus in any one town; moreover, the response of the general population without canvassing has been poor, for instance, a fortnight spent in Penryn during 1949 resulted in 10% of the population passing through the unit. In view of these disappointing results it was decided that the mass radiography unit would be better employed, during the few weeks in which it is allocated to us, in carrying out a comprehensive survey of one particular place, the ground having first been prepared for it by tuberculin testing of the school children, an intensive search for possible sources of infection in known cases, and a house to house canvass of the general population.

Comparative Local Authority mortality and incidence maps have been drawn up for the County (see previous reports) and surveys have been carried out on two areas where the disease appeared particularly prevalent, St. Just (1951 Survey)—details in 1951 Report— and Penryn (1952 Survey) —details of which will appear later in this report.

Appropriate cases of pulmonary tuberculosis are referred to the National Assistance Board by the Chest Physicians, who also issue any certificates required (e.g. for the exclusion of children from school) and advise the Health Area Office of any such action taken. The Chest Physician make recommendations to the Assistant County Medical Officers in any case where re-housing, the loan of a shelter, bed or bedding or a grant of extra nourishment is desired. Recommendations for extra nourishment are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial resources of the patient.

The Council owns 17 garden shelters, all of which were in use at the end of the year. During the year 108 patients received grants of extra nourishment and 49 patients were in receipt of grants at the year end. The closest co-operation between the Health Area Offices and the National

Assistance Board ensures that everything possible is done to secure the social and physical welfare of tuberculous persons and their families through the financial assistance of the Board and the After Care service of the County Council.

The County Council has undertaken financial responsibility for the training of two patients, one at the Papworth Village Settlement and one at Preston Hall.

The Chest Physicians, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and a proportion of their salaries is paid by the County Council.

Close liaison is also maintained with Welfare Officers and with the Children's Officer whose assistance in arranging the segregation of children during the procedure of B.C.G. vaccination has been invaluable.

(b) Illness Generally

Disseminated Sclerosis—During the past four years all cases of disseminated sclerosis diagnosed by the Regional Hospital Board's visiting Neurologist (Dr. N. S. Alcock) have been notified to this office. Patients so notified have been visited and a report made on the home conditions, family history, type of employment etc., in the hope of elucidating the aetiology of the disease. In this way I now have details of some 69 cases.

Poliomyelitis—Careful records have been kept of the epidemiology of every case which has been notified in the County since 1947.

An account of localised outbreaks that have occurred, together with epidemiological findings of interest will be found in my previous Annual Reports.

Acute Rheumatism—Acute rheumatism in persons under 16 years of age was made a notifiable disease in the County of Cornwall on the 1st October, 1950.

Records of cases are kept and classified as requested by the Medical Research Council, to which a report is submitted annually.

Home conditions are investigated by a health visitor and all new cases are visited by a consultant physician.

There has been a marked fall in the notification of cases during the past year, but notification serves a useful purpose in that it ensures that all new cases come under special supervision as soon as diagnosed.

Convalescent Accommodation — Convalescent accommodation of the "holiday home" type was provided during the year for 19 patients, referred mainly by Hospital Almoners.

Within the County there are only two homes, both of which are run by Religious Orders, catering for these patients, one for men and one for

women. There thus frequently arises the paradoxical situation of patients being sent to other parts of the country from a County which most people would consider the ideal one in which to spend a period of convalescence, and that at the cost of an expensive and tiresome railway journey.

2. GENERAL INFORMATION

In Table III at the end of the report will be found the number of cases of infectious disease notified in each Sanitary District in the County during the year, and Table IV gives the total number of cases notified in recent years.

I have continued to act, on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

Diphtheria

There were 11 confirmed cases notified during the year and there were three deaths. Of the 11 confirmed cases, three had been immunised, but none of the cases which proved fatal had been so protected.

The immunisation state of children under 5 years of age in the County is as follows:—

Age at 31.12.51	Under 1	1	2	3	4
i.e. Born in Year ...	1952	1951	1950	1949	1948
Number Immunised ...	251	2,599	3,099	3,384	3,686
Percentage Immunised	5.1%	53.4%	65.1%	66.5%	68.4%

Some prominence has been given in the Press lately concerning the association of poliomyelitis and preventive immunisation against whooping cough and diphtheria. Such an association does in fact exist, but the risk is small and readily avoidable. It would be distressing should such publicity deter the public from seeking protection against such serious infections as whooping cough and diphtheria.

Briefly the facts are these. In an individual who has been infected with the poliomyelitis virus and is incubating the disease, damage to any group of muscles may determine the site and severity of subsequent paralysis. The damage may be caused by excessive exertion during the incubation period or an intra-muscular injection such as immunisation against diphtheria and whooping cough given at that time. In order to guard against the second risk, inoculations are carried out so far as is possible in the Spring term, a time of year when poliomyelitis is not commonly met. Further, should an outbreak occur, all immunisations at County Council clinics are stopped and general practitioners advised of the danger.

During the past three years, there have been 155 cases of poliomyelitis in Cornwall and only in one case was there any possible connection with immunisation.

It is more difficult to guard against the first danger, namely excessive exertion in the incubation period, but this predisposing factor is now well recognised by general practitioners.

Over the past five years the incidence of diphtheria in the County has remained low, but the distribution is very uneven. The following table shows the number of cases occurring in each of these years in the different Health Areas.

	1948	1949	1950	1951	1952	Totals
Health Area 1 ...	9	3	12	4	9	37
,, 2 ...	—	—	—	—	—	—
,, 3 ...	3	—	—	1	1	5
,, 4 ...	2	—	—	2	—	4
,, 5 ...	3	—	—	1	—	4
,, 6 ...	7	—	2	2	—	11
,, 7 ...	3	—	2	—	1	6
Total ...	27	3	16	10	11	67

It will be seen that No. 1 Health Area accounts for more than half the cases in the whole county. The explanation is not known; it is not related to the immunisation state, but may possibly be due to a particularly virulent strain of bacillus at present endemic in that area.

Enteric Fever

No cases of typhoid fever were reported during the year. There were 4 cases of paratyphoid fever.

Food Poisoning

68 cases were notified, compared with 36 in the previous year. It is doubtful if this represents an increase in the incidence of this condition—it is more probable that a higher standard of notification has resulted from the considerable public attention which has recently been focussed on this problem.

Measles and Whooping Cough

There were 1,041 cases of measles with one death, compared with 5,813 cases and three deaths in 1951. The cases of whooping cough totalled 421, with five deaths, compared with 1,485 cases and 4 deaths during the previous year. Both the incidence and mortality of this disease have been thrown into sharp relief in recent years by the dramatic fall in the incidence and mortality of diphtheria.

Meningococcal Infections

Seven cases of meningococcal meningitis were notified during the year, none of which proved fatal. These figures compare with five cases, three of which were fatal, in 1951.

Poliomyelitis

There were 21 confirmed cases notified during the year, as compared with 36 in the previous year. There were 3 deaths.

The cases were sporadic, widely scattered both geographically and in time. Few severe cases occurred, but they serve as a warning of the wide dissemination of the virus which now exists within the County.

Acute Rheumatism

During 1952, 16 cases were notified and referred to a consultant physician, as early treatment is essential if permanent damage to the heart is to be avoided. The following table based upon that required by the Rheumatic Fever Committee of the Medical Research Council, shows the classification of the cases reported during the year.

Clinical Classification of Case Notified	Age in Years 0—4 M	0—4 F	5—9 M	5—9 F	10—14 M	10—14 F	15 over M	15 over F	Total all ages M	Total all ages F	Total both Sexes
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	1	1	1	—	—	—	2	1	3
2. Rheumatic Heart Disease (active)											
(a) Alone ...	—	—	1	—	—	1	—	—	1	1	2
(b) with polyarthritis...	—	—	1	—	3	2	1	—	5	2	7
(c) with chorea ...	—	—	1	1	—	—	—	—	1	1	2
3. Rheumatic Heart Disease (Quiescent) ..	—	—	1	—	—	1	—	—	1	1	2
4. Rheumatic Chorea (alone) ...	—	—	—	—	—	—	—	—	—	—	—
Total Rheumatic Cases	—	—	5	2	4	4	1	—	10	6	16
5. Congenital Heart Disease ...	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart Disease or disorder ...	—	—	—	—	—	—	—	—	—	—	—
7. Not Rheumatic or Cardiac Disease ...	—	—	—	—	1	—	—	—	1	—	1
Total Non-Rheumatic Cases ...	—	—	—	—	1	—	—	—	1	—	1

Scarlet Fever

284 cases were notified as compared with 311 during the previous year.

Scarlet fever is at present a mild disease and apart from instances where infection occurs on a farm or in an hotel, is seldom treated in hospital.

Smallpox

Again no cases of smallpox occurred.

During the year 2,092 persons were vaccinated and 794 re-vaccinated, as compared with 2,366 persons vaccinated and 1,309 re-vaccinated during 1951.

Tuberculosis

At the end of the year there were 2,125 cases of tuberculosis on the notification register, an increase of 47 over the previous year. This figure includes 328 cases notified during the year, as compared with 306 cases notified in 1951.

The following table shows the new cases notified and the mortality from tuberculosis during 1952.

Age Period	New Cases Notified				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0— 1 ...	—	—	1	—	—	—	—	—
1— 5 ...	2	1	3	2	—	—	—	1
5—15 ...	7	7	6	10	—	—	—	—
15—45 ...	101	88	6	11	16	20	2	—
45—65 ...	40	12	3	9	19	8	2	2
65 and over	15	2	1	1	9	5	1	1
	165	110	20	33	44	33	5	4
	275		53		77		9	
	328				86			

The notifications of non-respiratory tuberculosis were as follows:—

	1948	1949	1950	1951	1952
Bones and Joints ...	21	11	5	12	19
Glands	4	21	16	36	19
Meninges	5	5	4	6	2
Abdomen and Peritoneum	2	4	2	2	11
Kidneys and Bladder ...	2	2	2	2	—
Others	1	4	—	1	2
	35	47	29	59	53

The following Table shows the changes which have taken place in the mortality from respiratory tuberculosis and other forms of tuberculosis, during recent years:—

	Cornwall Number of Deaths			Cornwall Death Rates			England & Wales Death Rates		
Year	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms	Respiratory	Other Forms	All Forms
1933	205	46	251	0.65	0.15	0.80	0.67	0.13	0.80
1934	214	43	257	0.68	0.14	0.82	0.61	0.13	0.74
1935	154	49	203	0.49	0.15	0.64	0.59	0.11	0.70
1936	159	45	204	0.51	0.14	0.65	0.56	0.11	0.67
1937	168	28	196	0.55	0.09	0.64	0.56	0.11	0.67
1938	150	44	194	0.49	0.14	0.63	0.52	0.10	0.62
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.88
1949	127	23	150	0.38	0.07	0.45	0.40	0.05	0.45
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.047	0.297	0.27	0.04	0.31
1952	77	9	86	0.226	0.026	0.252			0.24

The dispensary register is the responsibility of the Regional Hospital Board, but the essential liaison between the dispensaries and the Health Area Offices is secured by the attendance of Health Visitors at the dispensaries.

Special Investigation at Penryn

By the Autumn, two of the Health Areas in the County had dealt with all contacts who were willing to receive B.C.G. vaccination, and it was felt the time had come to extend the vaccination scheme to school leavers. An approach to the Ministry was partially successful in that we were granted permission for school leavers to be vaccinated in two of the Health Areas. This work will be commenced in 1953 and will be associated with the mass radiography of the school children.

In my last report I gave some account of a concentrated attack that was made on the disease in the St. Just area. During 1952, a similar campaign was carried out at Penryn.

Penryn was chosen as the next area on which to concentrate as it was of similar size to St. Just, the population was compact and easy to reach, it had the second highest incidence of tuberculosis in the County and, perhaps the most important, it has a very strong civic sense.

Lying two miles farther up the river than Falmouth, it was at one time a flourishing port. Today, the male population are, in the main, employed at Falmouth Docks, though a few work in the neighbouring granite quarries.

The preliminary work carried out was on similar lines to St. Just. A visit was paid to the houses of the 50 cases on the tuberculosis register (36 pulmonary; 14 non-pulmonary), to ascertain home conditions and where possible, the source of infection.

The probable source was identified in 20 (55%) of the pulmonary cases, a parent being responsible in 7 instances, a sibling in 4, some other relative in 6 and a friend in 3. There were two instances of conjugal infection.

Of the 16 cases in which no source could be identified, six developed the disease in the Services.

Tuberculin Tests. A tuberculin test was offered to all school children and as at St. Just, an excellent response resulted, the figure being 92% accepting.

It will be noted from the Table below that the conversion rates in Penryn school children are considerably lower than those recorded at St. Just.

Mass Radiography. A survey was carried out from the 14th February to 12th March, 1952.

Propaganda followed the same lines as that used at St. Just, except that the house to house canvass was carried out by health visitors. It was also agreed to X-ray the public without requesting them to undress, a fact much appreciated by them and allowing of mixed sessions.

The number attending was as follows:—

	Morning	Afternoon	Evening
Sessions	4	11	11
Attendances	526	962	1,034

The majority of those attending the morning sessions were school children.

The results of the Penryn survey are shown in the following table. For purposes of comparison, findings at both St. Just and Penryn are included.

	St. Just	Penryn
Population	4,093	4,103
Tuberculosis rates		
Incidence — all forms	13.41	12.19
Incidence — pulmonary	10.99	8.78
Incidence—non-pulmonary	2.42	3.41
Mortality — all forms	1.23	0.67

Tuberculin Testing in Schools	No. Tested	% Pos.	No. Tested	% Pos.
Positive reactors:				
5— 6	54	25	57	11
7— 8	81	47	99	13
9—10	99	42	99	17
11—12	79	50	83	27
13—14	81	56	57	23
15+	51	54	23	43

Mass Radiography		
General population percentage X-rayed	44.5%	43.5%
School children percentage X-rayed	80.5%	88.0%

Significant findings:—	No.	Rate per 1,000 examined	No.	Rate per 1,000 examined
Pul. Tub. active	12	7.9	1	0.6
Pul. Tub. observation	13	8.6	5	3.0
Pul. Tub. inactive	171	113.0	37	24.4
Silicosis	31	20.6	4	2.4
Carcinoma	—	—	1	0.6
Bronchiectasis	2	1.3	4	2.4
Cardiovascular conditions	7	4.6	2	1.2
Other conditions	25	16.5	6	3.6

HEALTH EDUCATION

SURVEY

During the last 4½ years health education has slowly but definitely progressed, and each year shows a further development. It is certainly more economical to prevent illness than to treat established disease. The chief difficulty is to arouse sufficient public interest in positive health as prevention is less spectacular than cure. Where the health visitor is relieved of clerical duties by voluntary helpers in clinics she can devote more of her time to health education. In rural districts the district nurse/midwife is also the health visitor. When possible these nurses also hold the Health Visitor's Certificate.

At present health education is mainly directed to women and especially mothers. Upon the knowledge and management of a mother depends not only her own health, but that of her family.

The Begum Liaquat Ali Khan said "Educate a man and you educate one person; educate a woman and you educate a whole family." This is particularly true of health education where a woman trains her children by precept and example. Much of the health education is carried out in the home by health visitors and nurses. By giving individual advice on personal problems such education falls on fertile ground, and is probably more effective than lectures.

In the Child Welfare Clinics an attempt at group teaching is made. Health visitors' teaching is amplified by suitable demonstrations, posters, pamphlets, blackboard and flannelgraph. Teaching at a Welfare Centre is not always easy as there are so many distractions, and very few centres have a separate room where toddlers can be entertained by a voluntary helper.

More effective is the group teaching at Midwives' ante-natal clinics. These are held in some of the larger towns and are mainly educational. Besides teaching in mothercraft, expectant mothers practise relaxation exercises which have proved very beneficial at the time of their confinements. They are also instructed in the physiology of normal labour. A birth atlas has been issued to each area for this purpose. Demonstrations are given in the use of gas and air analgesia and mothers are made familiar with the use of the apparatus. In one village physical education is given under the supervision of the County Physical Education Organiser. School leavers and young women attend these classes as well as mothers, as it is felt that if a woman does not practise relaxation exercises until she is pregnant, in some cases the time is too short for her to become really proficient before her labour. During a break period at these classes a health education talk and demonstration is given by health visitors and nurses The classes are well attended and are proving most popular.

The fact that the public is becoming aware of the value of positive health is shown by the ever increasing request for doctors and nurses to give talks at women's organisations—Women's Institutes, Mothers' Unions, and

Parent-Teachers' Associations. Appreciation of these talks is shown by the fact that the lecturer frequently is asked to return, or to visit a neighbouring village. Questions and discussions at these meetings indicate the interest shown in personal health.

In 1949 the County Council provided a cine projector which has been used extensively to show films on health and hygiene. Some of these films have been bought, and others are hired. There are many excellent films dealing with parentcraft, child care and training, prevention of infectious diseases, (diphtheria, tuberculosis and colds), good posture, care of feet, breast feeding, ante-natal care, nutrition, danger of flies, food poisoning, prevention of accidents in the home, care of teeth, etc. These films have been shown throughout the County to amplify talks on these subjects. It is found that the use of visual aids is impressive and makes a lecture more memorable.

The County Council has also provided 3 film strip projectors which are used in all areas. These projectors are easy to work and are mainly used by nurses and health visitors. They illustrate similar topics including child care, food hygiene and home accidents.

The use of flannel graphs has proved helpful particularly in halls where no blackboard is provided, or the lecturer does not find drawing on a board easy. Suitable illustrations are prepared and backed with lint or flannel, thus making them stick to a flannel covered board. Wide use is made of pamphlets and posters supplied by the Central Council for Health Education, the Royal Society for Prevention of Accidents, and the Dental Board of the United Kingdom. Some of the nurses have shown artistic skill in making original posters.

The following list shows the wide range of topics:—

Diphtheria Immunisation
Vaccination
Safety in the Home
Prevention of Colds
How to Keep Fit
Value of Fresh Air
You and Your Child
Planning Baby's Day
Mothers and Fathers
Pestalozzi and his Work
Ante-Natal Care
First Aid
Personal Problems
Prevention of Sunburn
Care of Young Children on Beach
Habits of Young Children
Rules of Health
Relaxation Exercises
Value of Priority Rations & Vitamins
Breast Feeding
Feeding Toddlers
Infant Clothing
Bottle Feeding
Care of Bottles
Diets
Weaning
Constipation
Painless Childbirth
Bathing Baby
Cot Making
Handling Small Baby
Care of Milk
Children's Ailments
Choice of Toys
Measles
Preparation of Baby's Basket
Minor Ailments
Value of Sunshine
Course of Labour

Development of Child During First Year
Suggestions for Cot Covers & Home Made Carriers
National Health Service as it Affects the Public
Quiz on Infant Care
Milk as a Food
Discussion on Teething Powders and Aperients
The Difficult Toddler
Care of Hair — Prevention of Dandruff
Prevention of Infection
Deportment
Cleanliness & Care of Skin
Nails and Teeth
Summer Diarrhoea
Nail Biting
Prevention of Disease
Fireguards
Handkerchief Hygiene
Care of Teeth
Food Storage
Home Nursing
Care of Feet
Home Making
Diet of Expectant Mothers
Weight
Bed Wetting
Infantile Paralysis
Nursing Infectious Diseases at Home
Baby's Progress — 0—3 months
Baby's Progress — 3—6 months
Baby's Progress — 6—9 months
Care of Food in Hot Weather
Value and Need of Calcium & Vitamin D
Normal Development and Growing Needs of Toddlers
Promotion of Lactation
Fly Abatement & Refuse Disposal
Ear, Nose and Throat
Hand Washing
Whooping Cough & Immunisation
Care of the Aged in Their Homes
Care of Finger Nails and Hands
Causes & Prevention of Napkin Rash
Milestones in Baby's Life
Introduction of Solids to Diet
Green Vegetables
Neglected Children
Nasal Hygiene
Gas & Air Analgesia
Preventive Medicine
Treatment of Scurf
Care of Shoes
Physiology of Labour
Help your Child to Help Herself
Life After Forty
Clean Food
Home Nursing of Elderly Patients
Flies
Vitamins
Sleep
Exercise
Emergency Cot
Food for Young Children
Tuberculosis
Hygiene
Footwear
Function of Welfare Centre
Habit Training
The Dummy—A Menace to Health
Left-handed Children
Development of Baby During the Ante-Natal Period
Temper Tantrums
Keeping Baby Cool in Hot Weather
General Deportment and Behaviour

Plastic models of a child's mouth showing the effects of a dummy and dental neglect have been made by the dental department. These will be shown at Child Welfare Clinics where a dental clinic is also in session. It is hoped that a short talk and comparison with sound and well formed teeth will induce mothers to take their children under school age to the dental clinic. Now that more dentists are employed, treatment of young children and mothers is practicable at the clinics. The aim of the Dental Officers is that all children should enter school with sound teeth.

Health teaching in schools is progressing favourably, and nurses are finding the teaching staff co-operative in this work. This is a very effective field for health education, as it reaches the parents through the children, with the result that in some schools evening classes have been started for parents.

In one town a health education stand has been displayed each year since 1951 in a Traders' Exhibition. These stands have been seen by several thousand people each year and covered food poisoning, tuberculosis, diphtheria immunisation, and prevention of accidents in the home. Great interest was taken by the public in these topics, and nurses and health visitors on duty answered many questions and gave further information. The demonstration of home accidents was made by the staff of one of the Health Area Offices and will be shown in other parts of the County.

The County Council contribute to the Central Council for Health Education on a population basis in return for the services of this Council, which include residential courses for health teachers, touring lecturers, propaganda material and literature—posters and leaflets. There is also a central library from which books on health education can be borrowed free of charge. Advice on health education has always been freely given when requested.

Each spring short courses have been held by touring lecturers of the Central Council. Separate courses are run concurrently for doctors; health visitors and nurses; head teachers; staffs of Children's Homes and Probation Officers; food handlers and caterers; and an open meeting for parents and others. These courses have been well attended and interesting discussions have been held after the lectures.

Although no general propaganda has been launched in the Cancer Campaign, this subject is frequently introduced into talks—for example, in "Life after Forty" the importance of early diagnosis and treatment for cancer of the breast and uterus is stressed.

It is difficult to assess the result of health education, but improvements in health and hygiene are becoming manifest. The constant requests for health education from so many different sources is most encouraging and shows that the general apathy is gradually being overcome.

MENTAL HEALTH

1. SURVEY

(i) Administration

(a) Committee

The Mental Health Sub-Committee, which assumed the responsibilities of the Mental Deficiency Acts Committee on the Appointed Day, and became charged with the administration of the Mental Health Service as a whole, remains unchanged in constitution. This Sub-Committee comprises sixteen members of the Health Committee of the County Council, and of these sixteen members, eleven are elected County Councillors. Meetings are held quarterly. The advantages of having a single Committee responsible for

both the Mental Deficiency and Mental Illness branches of the Mental Health Service in the community, have made themselves very apparent since 1948, and a degree of internal co-ordination has been reached which would otherwise have been impossible.

(b) Staff

It was originally proposed, when the present scheme was drawn up in 1948, to appoint a full-time Medical Officer with qualifications in psychiatry to take charge of the Mental Health Service, supported by a Senior Mental Health Worker, two Mental Health Workers and seven part-time duly Authorised Officers, the latter Officers also being senior clerks in the seven Health Area Offices in the County. Provision was also made for the appointment of one or more Psychiatric Social Workers. The Mental Health staff has since been generally maintained at this level, although the County Psychiatrist and the Social Workers devote part of their time to the running of a Child Guidance Service on behalf of the Education Committee. Owing to difficulty in obtaining the services of suitably experienced or qualified Mental Health Workers, the establishment is now one below normal standards, but in view of the changes outlined in the following paragraph, the vacancy will not now be filled.

During the past four years it has become increasingly obvious that the Mental Health Service was in danger of becoming divided within itself, as far as day to day operation was concerned. Mental deficiency field work was conducted solely by the two Mental Health Workers, supported by the Senior Officer, who was also responsible for the general administration of the Mental Health Department. It has been quite impossible for these officers to give adequate supervision and care to over 500 mental defectives in the County, in addition to carrying out the many other duties concerning mental deficiency. Initial proceedings under the Lunacy and Mental Treatment Acts were of course conducted by the duly Authorised Officers, and these officers did not enter into any other sphere of Mental Health. The Social Worker did a limited amount of after care in respect of cases discharged from Mental Hospitals, but not nearly enough to meet the increasing needs of this type of very necessary work.

From the experience gained, particularly in view of the geographical nature of the County, it is felt that one "all purpose" Mental Health Officer in charge of and residing in a compact area, and being responsible for all work connected with mental health, including mental deficiency and after-care, in that area, would be the ideal solution, both on the grounds of economy and efficiency. These officers would be responsible, under the general control of the central Mental Health Department, for the day to day administration of the work, and it is certain that a high degree of efficiency and co-ordination could be achieved. Greater supervision and guidance of mental defectives residing in their homes could be given, and much more after-care of discharged mental patients undertaken.

An opportunity has arisen to formulate a scheme on these lines in the decision of the County Council to merge the present Welfare Department with

the Health Department. Whilst no detailed proposals have yet been prepared, it is envisaged that the amalgamation will result in the all-purpose Mental Health Officer as outlined on the previous page, carrying out certain welfare functions in addition, and the question of staffing and training has been considered for some time with this end in view. No appointment was therefore made when the post of Mental Health Worker became vacant, but an interim arrangement for the visitation of mental defectives is in operation in the Area concerned.

Serious consideration has been given to adequate training for the future, and much has already been done in this direction. Whilst shortage of staff has precluded Officers from attending lengthy training courses, necessitating absence from duty, a local course of lectures on psychological medicine and after-care was arranged, with the co-operation of the Medical Superintendent of St. Lawrence's Hospital, Bodmin. Lectures at weekly intervals over a period of three months were given by the Medical Staff of the Hospital, and were well attended by Authorised Officers and headquarters Mental Health staff. A brief grounding in mental deficiency has been given by the Senior Mental Health Worker to four Authorised Officers who are carrying out routine visitation of defectives as an interim measure, mentioned in the preceding paragraph, but before these Officers and their colleagues enter fully into mental deficiency work, a local course on the clinical, social, and legal aspects of mental deficiency will be organised. The Authorised Officers, whilst having no actual experience in mental deficiency work, are former Relieving Officers, possessing the necessary qualities of tact, experience and training in general enquiry work.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees

The greatest cordiality has always existed between the Mental Health Service and the South Western Regional Hospital Board and the local Hospital Management Committees. The necessity has not arisen for the joint use of staff, but an increasing spirit of co-operation has developed between officers of the County Council on the one hand and Hospital staffs on the other, all to the ultimate benefit of the patients. Relationships with St. Lawrence's Hospital, Bodmin, and the Royal Western Counties Institution, Starcross, have never been better, and it is fully realised that only by this close contact can the full benefits of the National Health Service Act be given to the community. Whilst the accommodation problem for mental defectives remains a matter of great concern, the Regional Hospital Board Groups in the South West afford every possible assistance where a really urgent case requires institutional care.

The supervision and guidance of mental defectives on licence from Colonies and resident in Cornwall is undertaken on behalf of the Institutions concerned, and a limited amount of after-care work is conducted in respect of patients discharged from Mental Hospitals at the request of the Hospitals

concerned. This will of course be greatly implemented when the staff reorganisation becomes effective.

It is realised that one of the barriers to an efficient Mental Health Service is the reluctance of the public to accept the benefits of it, mainly through ignorance and possibly through a deep-rooted fear of Hospitals for the treatment of mental disorders and the care and training of mental defectives. Every effort has been made during the past four years to give publicity to the Service by lectures, personal contact with the public, and ensuring that all concerned with the Health Service in general have some knowledge of Mental Health arrangements. The Hospitals have in turn played their part by ensuring that every facility is available to the patient, although in some cases the antiquity of the premises makes this difficult.

The main pressing need at present in Cornwall is accommodation for the senile dementia cases, both male and female, as far too many old people are entering St. Lawrence's Hospital under certificate.

In the main, these old people are in need of specialised nursing care, not active treatment for a mental disorder, and some form of Hospital for this type of case within the County is urgently wanted. It is very encouraging to note that the South Western Regional Hospital Board is actively considering this problem.

No difficulty whatever has been experienced in admitting patients, certified or voluntary, to St. Lawrence's Hospital, and the utmost co-operation is given by the medical and lay staff. The position regarding mental defectives, however, is not so encouraging, and whilst it has been possible to obtain a reasonable number of vacancies, both high and low grade, during the past year, it would appear that saturation point has been reached. The list of cases awaiting admission is slowly increasing despite most careful pruning, and there really are a number of very distressing cases requiring urgent accommodation. The individual Hospitals and the South Western Regional Hospital Board have been and are most helpful, but there appears little they can do until the joint problem of staffing and accommodation are overcome. It is hoped that the present situation will be eased in the early future, as it does at present give rise to serious difficulties in the community.

(d) Duties delegated to Voluntary Associations

No duties in connection with the Mental Health Service have been delegated to Voluntary Associations, other than the supervision of an occasional defective by the Brighton Guardianship Society. Close touch is, however, maintained with the National Association for Mental Health, to keep abreast of current developments in the Mental Health field; and a good spirit of liaison exists with organisations such as the British Red Cross Society, Moral Welfare Associations and other local voluntary bodies. This is found particularly useful in providing for aid in cases where official assistance does not quite meet the current need.

(ii) Account of Work undertaken in the community

(a) Prevention of mental illness, care and after-care

It was envisaged in 1948 that, apart from the preventive work carried out by the Child Guidance Service in detecting and possibly preventing mental disorders in children, a Psychiatric Social Worker would undertake the necessary after-care of discharged mental patients. Provision was also made for the appointment of further Social Workers if the expansion of this type of work warranted it. In practice, it was found, however, that one Psychiatric Social Worker, who was engaged on a part-time basis in conjunction with the Child Guidance Service, could undertake very little after-care work, and owing to resignations and the impossibility of appointing suitably qualified staff, the amount of after-care work carried out was extremely small. The volume of mental deficiency work also precluded the Mental Health Workers from undertaking more than the very minimum of after-care.

In view of this situation, and particularly in view of the impending administrative changes mentioned in paragraph (i)(b), it was decided to extend the scope of the seven Authorised Officers to include a limited amount of after-care in addition to their present duties. After a course of "in service" training, these Officers are now undertaking this work, and although the amount is restricted, the nucleus of a scheme is present. This is fully capable of being rapidly expanded when the occasion arises, to cover the maximum number of cases which can be referred for action.

The friendly supervision and guidance of the small number of mentally defective persons discharged from the provisions of the Mental Deficiency Acts has been carried out, and it is pleasing to note that the majority of such cases dealt with during the past four years have settled in the community and become responsible citizens.

(b) Initial proceedings by Authorised Officers

The arrangements for the initial care of persons requiring treatment for mental disorders are carried out by seven part-time duly Authorised Officers, and this method has, with some limitations, worked well during the past four years. It has been made clear, however, that a part-time duly Authorised Officer, undertaking routine administrative work of a general nature, and only dealing with the initial care of mental patients, cannot have his interest in mental health stimulated by his partial contact with it. It requires the more positive function of after-care to bring the Officer's initial action to a logical conclusion, togther with the work of mental deficiency to give him a comprehensive interest in the overall Mental Health Service. The proposed revision of the present service in Cornwall will achieve this aim, and should raise the standard of integration of the Mental Health Services to a high degree.

The steady increase in the number of patients submitting themselves for voluntary treatment has been very noticeable during the period follow-

ing the inception of the National Health Service Act. The number of certified patients is, however, still very high, and it would appear that some form of legislation is needed, other than Sections 11, 20 or 21 of the Lunacy Act, for the certifiable patient who, whilst not requiring immediate care and control for his own welfare or the public safety, is nevertheless in need of treatment. In many such cases there is no legal alternative to the Summary Reception Order, whereas could the patient be admitted initially without this, he would in all probability agree to voluntary treatment after a short period of time. The present stigma of certification and the associations which this word conjures in the minds of prospective patients and their relatives, is still one of the greatest obstacles to be surmounted in educating the public to regard the Mental Hospital in the same light as the General Hospital.

(c) Mental Deficiency Acts

(i) **Ascertainment and supervision.** Arrangements for the ascertainment and supervision of mental defectives have proceeded along normal lines, the bulk of new cases being reported by the Education Authority. It is fairly evident that in the years to come, the number of unascertained defectives in the community will gradually decrease, due to the far more efficient system of notification since the passing of the Education Act, 1944. It is also evident, however, that some recognised system of discharge from supervision should be formulated, in order to release the high grade defective, who has behaved and worked in a normal manner in the community, from the continuing stigma of being classed as a mental defective.

The question of the supervision of defectives and the proposed future policy has already been mentioned in the general administrative arrangements at the commencement of this section. It must be emphasised, however, that when this policy is implemented, and the "all purpose" Officer becomes responsible for the care and welfare of all defectives in a compact area, it should provide a much higher degree of supervision, care and guidance than has ever been possible in the past.

Speaking generally on the question of statutory supervision, it is felt that with the lack of institutional vacancies, plus a trend towards using institutional care, particularly against the wishes of the parent, only as a very last resort, the need for an adequate system of supervision is present more than ever before.

(ii) **Guardianship.** A survey of the Guardianship arrangements in the County during the past four years has shown most clearly that the primary reason for placing defectives under Guardianship prior to 1948 was to obtain financial assistance other than by recourse to the Poor Law Act. Since the National Assistance Board indicated their willingness to afford financial assistance in all cases of the unemployable defective, parents are no longer agreeable to the certification of their children for this purpose. It is admitted

that Guardianship in some instances, particularly as a bridge between the Colony and discharge from the Mental Deficiency Acts, is most useful, but it does seem that one of the major reasons for its use in the past has now been removed.

Personal Guardianship, particularly in the high grade defective, would seem most useful, as in the case of a defective without relatives working in residential employment, but to date, owing to lack of staff, this system has not been extensively used in Cornwall. The shortage of institutional accommodation too makes the ease with which a Varying Order can be sought rather futile, when no bed in a Colony can be found for the case which becomes unsuitable for continued Guardianship.

(iii) **Occupation and Training.** The Cornwall County Council has not yet agreed, principally on financial grounds, to the provision of occupational training for mental defectives. There are many problems in a rural County, particularly one with such geographical difficulties as Cornwall, concerning the provision of Day Occupation Centres, and the principal difficulty is the high cost of transport which would be necessary to bring children to and from such Centres. Home teaching, as an alternative suggestion, does not provide one of the main needs of the mother of the defective child, that is, a daily respite from the arduous task of caring for him, and there is also the lack of that continuity of teaching which the Centre offers.

It is apparent that some form of community training for defectives must be devised to meet the growing need, and also to satisfy the increasing awareness of parents of the benefits of such training, and it is hoped that the necessary money will be made available during 1953 to commence this project. One Day Occupation Centre would not of course be able to cater for more than a limited number of children, but it could be supported at a later date by other Centres or a scheme of Home Teaching or Group Training.

(iv) **General.** The mental deficiency branch of the Mental Health Service is at present in a stage of transition, awaiting to be merged into the proposed Mental Health scheme. It has been increasingly obvious during the past four years that arrangements for supervision were inadequate to meet the modern concepts of care and guidance of defectives, and did not provide more than mechanical routine visitation. It has not been possible to give the question of discharge from supervision the attention and action which it requires, nor render the degree of help in placing the high grade defective in employment, but it is anticipated that the coming changes will show a vast improvement in all aspects of mental deficiency work.

2. GENERAL INFORMATION.

Mental Health Statistics at 31st December, 1952

(The figures in brackets indicate the numbers at 31.12.1951).

1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of Hospital	Certified		Voluntary		Temporary		Section 20.		Section 21.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
St. Lawrence's Hospital, Bodmin.	60 (67)	122 (117)	47 (36)	85 (61)	2 (1)	5 (3)	— (3)	2 (1)	6 (5)	6 (6)	115 (112)	220 (188)
Moorhaven Hospital Devon	— (1)	— (—)	1 (—)	2 (—)	— (—)	— (—)	— (—)	— (—)	— (1)	1 (—)	1 (2)	3 (—)
	60 (68)	122 (117)	48 (36)	87 (61)	2 (1)	5 (3)	— (3)	2 (1)	6 (6)	7 (6)	116 (114)	223 (188)

Total admissions during 1952 by Duly Authorised Officers ... 339 (392)

(b) Admissions of Cornish Patients during the year from all sources.

Name of Hospital	Certified		Voluntary		Temporary		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Lawrence's Hospital Bodmin.	60 (67)	122 (117)	148 (159)	240 (216)	2 (1)	5 (5)	210 (227)	367 (338)
Moorhaven Hospital Devon	— (1)	— (—)	25 (8)	24 (19)	— (—)	— (—)	25 (9)	24 (19)
	60 (68)	122 (117)	173 (167)	264 (235)	2 (1)	5 (5)	235 (236)	391 (357)

Total admissions during 1952 of Cornish Patients 626 (593)

(c) Number of Cornish Patients in Hospitals at 31st December, 1952.

Name of Hospital	Certified M.	Certified F.	Voluntary M.	Voluntary F.	Temporary M.	Temporary F.	Total M.	Total F.
St. Lawrence's Hospital, Bodmin.	409 (421)	568 (547)	91 (81)	145 (135)	— (—)	1 (1)	500 (502)	714 (683)
Moorhaven Hospital, Devon	4 (3)	5 (4)	8 (2)	4 (3)	— (—)	— (—)	12 (5)	9 (7)
	413 (424)	573 (551)	99 (83)	149 (138)	— (—)	1 (1)	512 (507)	723 (690)

Total of Cornish Patients in Hospitals on 31.12.1952 ... ... 1,235 (1,197)

(d) Admissions of Cornish Patients aged 70 years and over to Mental Hospitals during the year. (These figures are included in the numbers given under (b)).

Name of Hospital	Certified M.	Certified F.	Voluntary M.	Voluntary F.	Temporary M.	Temporary F.	Total M.	Total F.
St. Lawrence's Hospital Bodmin.	26	55	14	23	—	—	40	78

Total 118

2. Mental Deficiency

(a) Number of new cases reported during the year.

How Reported	M.	F.	Total
(1) Notified by the Education Committee:— Education Act, 1944.			
(a) Section 57(3)	14 (20)	13 (15)	27 (35)
(b) Section 57(4)	— (—)	— (1)	— (1)
(c) Section 57(5)	14 (13)	10 (8)	24 (21)
(2) Reported from other sources and ascertained as Mental Defectives	14 (7)	10 (4)	24 (11)
Totals	42 (40)	33 (28)	75 (68)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	258	224	482
	(250)	(219)	(469)
(2) Under Friendly Supervision ...	10	12	22
	(9)	(13)	(22)
(3) Under Guardianship ...	4	8	12
	(5)	(6)	(11)
(4) On Licence from Institutions, but supervised by County Council (these figures also included in Table (e)).	5	13	18
	(9)	(15)	(24)
Totals	277	257	534
	(273)	(253)	(526)

(c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots	1	1	2
	(2)	(2)	(4)
(b) Imbeciles	4	—	4
	(3)	(1)	(4)
(c) Feeble-minded persons ...	8	1	9
	(5)	(1)	(6)
(2) Under the age of 16 years.			
(a) Idiots	2	2	4
	(2)	(2)	(4)
(b) Imbeciles	11	7	18
	(10)	(5)	(15)
(c) Feeble-minded persons ...	1	—	1
	(1)	(—)	(1)
Totals	27	11	38
	(23)	(11)	(34)

(d) Admissions to Institutions during the year.

Name of Institution	Mental Deficiency Acts, Section 6, 8, or 9		Mental Deficiency Acts, Section 15		Total	
	M.	F.	M.	F.	M.	F.
Royal Western Counties Hospital Group ...	7	10	1	—	8	10
	(10)	(6)	(2)	(2)	(12)	(8)
Other Institutions	5	2	4	1	9	3
	(5)	(5)	(2)	(2)	(7)	(7)
Totals ...	12	12	5	1	17	13
	(15)	(11)	(4)	(4)	(19)	(15)

Total admissions during 1952 ... 30
(34)

(e) Cases in Institutions (Including Licence Cases)

Name of Institution	M.	F.	Total
Royal Western Counties Hospital ...	147	134	281
Group	(148)	(130)	(278)
Other Institutions	73	42	115
	(64)	(43)	(107)
Cases in other Institutions in "Place ...	4	—	4
of Safety" accommodation	(1)	(1)	(2)
Totals	224	176	400
	(213)	(174)	(387)

CARE OF AGED AND INFIRM

In 1951 several Women's Voluntary Organisations were asked to give help to aged and infirm people living alone, in carrying out those ordinary everyday activities which are not covered by the home nursing and home help services. Local voluntary help given to these people does relieve pressure on hostel accommodation and on hospital beds of long-stay patients who are not in need of continuous medical and nursing care.

In West Cornwall there is good liaison between the hospital geriatric unit and the nursing service. Each Assistant County Nursing Officer visits the patients from her area in Barncoose Hospital. She can furnish the hospital with reports on the patients' home conditions, and after discharge she follows up cases and reports progress. We are fortunate in having an up to date geriatric unit at Barncoose and arrangements are now being made for district nurses and health visitors to attend the hospital for refresher courses.

BLIND AND PARTIALLY SIGHTED PERSONS

(1) Blind Persons

There is a further increase in the number of blind persons registered from 859 to 906. There were 132 new cases registered in 1952, but 102 (77%) of these were over 64 years old. No new patients under 30 years were registered.

There were 5 cases of ophthalmia neonatorum notified. These were mild infections and all recovered with unimpaired vision. Ophthalmia neonatorum was once a frequent cause of early blindness.

The promotion of the Welfare of blind persons, which is the duty of the County Council under the National Assistance Act 1948, continues to be carried out very satisfactorily by the Cornwall County Association for the Blind. A clause in the Act permits the County Council to delegate this work to the Voluntary Association which has been caring for the blind for many years.

There are 6 home teachers, five sighted and one blind. These teachers pay regular visits to the blind in their homes and elsewhere, and help them to overcome the effect of their disability. They teach Braille or Moon reading to those who wish to learn. There is a National Library for the blind to

which the County Council pay a per capita subscription. There are 53 blind readers in the County. Home teachers also teach simple pastime crafts and assist in the marketing of these goods. They also help the blind to avail themselves of social services to which they are entitled. Social clubs, outings and handicraft classes are arranged by home teachers.

Under the Welfare Scheme newly blind persons can be sent to a Centre for social rehabilitation. One man was sent to this Centre in 1952.

There are 16 blind home workers in the County who are under supervision by the Bristol Royal Blind Asylum Workshops.

Cases on the Register:—

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0 ...	—	—	—	27	33	60
1 ...	—	1	1	—	—	—
2 ...	—	—	—	2	—	2
3 ...	—	—	—	2	1	3
4 ...	1	—	1	—	—	—
5—10 ...	3	1	4	12	12	24
11—15 ...	5	3	8	4	7	11
16—20 ...	3	3	6	11	5	16
21—30 ...	8	13	21	17	28	45
31—39 ...	14	19	23	23	22	45
40—49 ...	27	21	48	42	56	98
50—59 ...	53	55	108	53	75	128
60—64 ...	36	31	67	31	57	88
65—69 ...	38	58	96	23	64	87
70 and over	153	359	512	93	205	298
Unknown	—	1	1	1	—	1
Totals ...	341	565	906	341	565	906

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0— 1 ...	—	—	—	1	—	1
2— 4 ...	—	—	—	—	—	—
5—10 ...	—	—	—	—	—	—
11—15 ...	—	—	—	—	—	—
16—20 ...	—	—	—	—	—	—
21—30 ...	—	—	—	1	1	2
31—39 ...	1	2	3	—	2	2
40—49 ...	6	2	8	6	3	9
50—59 ...	5	5	10	5	3	8
60—64 ...	5	3	8	4	5	9
65—69 ...	2	12	14	3	11	14
70 and over	29	59	88	28	59	87
Unknown	—	1	1	—	—	—
Totals ...	48	84	132	48	84	132

Blind Children under 16 years:

	Males	Females	Total
1. Age under 2	—	1	1
2. Age 2— 4 +			
Educable	1	—	1
Ineducable	—	—	—
	1	1	2
3. Age 5—15 +			
Educable			
Attending Special School for the Blind			
(i) Blind with NO other defects ...	5	3	8
(ii) Blind WITH other defects ...	—	—	—
Not at School			
(i) Blind with NO other defects ...	—	—	—
(ii) Blind WITH other defects ...	5	1	1
	5	4	9
Ineducable			
In M. D. Institutions			
(i) Blind	—	—	—
(ii) Blind with multiple defects ...	3	—	3
At home or elsewhere			
(i) Blind	—	—	—
(ii) Blind with multiple defects ...	—	—	—
	3	—	3
Total Children	9	5	14

Education, Training and Employment (Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16—20	—	1	1
2. Undergoing Training	3	—	3
3. Employed			
(a) In Workshops for the Blind ...	1	1	2
(b) As approved Home Workers ...	11	5	16
All others not included in (a) or (b) ...	26	5	31
Total employed	38	11	49

4. Unemployed

	Males	Females	Total
Not training but trainable	2	1	3
Not available for Employment:			
Age group 16—59	25	56	81
Age group 60—64	12	15	27
Not capable of work:			
Age group 16—59	46	45	91
Age group 60—64	21	15	36
Not employed over 65	185	416	601
Total unemployed	291	548	839
Grand Total	332	560	892

Occupations of Employed Blind Persons:

	Within Workshops for the Blind	In approved Home Workers Schemes	Others not Pastime workers	Total
Agents Collectors, etc. ...	—	—	1	1
Agricultural Workers ...	—	—	4	4
Basket Workers ...	—	5	—	5
Braille Copyists ...	—	1	—	1
Boot Repairers	—	—	1	1
Brush Makers	1	—	—	1
Carpenters and Woodworkers	—	—	1	1
Chair Seaters	1	—	—	1
Clerks and Typists	—	—	2	2
Dealers, Tea Agents, Newsagents, Shopkeepers ...	—	—	4	4
Domestic Workers	—	—	1	1
Home Teachers	—	—	1	1
Machine Knitters	—	5	—	5
Masseurs and Physiotherapists	—	—	1	1
Mat Makers	—	—	1	1
Ministers of Religion ...	—	—	3	3
Musicians and Music Teachers	—	—	—	—
Newsvendors and Hawkers	—	—	1	1
Piano Tuners	—	5	—	5
Poultry Keepers	—	—	2	2
Telephone Operators ...	—	—	2	2
Miscellaneous	—	—	6	6
	2	16	31	49

Physically and Mentally Defective and Mentally Disordered Blind Persons (All ages)

	Males	Females	Total
(a) Mentally Disordered	4	8	12
(b) Mentally Defective	6	5	11
(c) Physically Defective	46	63	109
(d) Deaf without Speech	—	1	1
(e) Deaf with Speech	3	3	6
(f) Hard of Hearing	12	22	34
Combination of (a) and (c)	1	—	1
Combination of (b) and (c)	3	1	4
Combination of (c) and (d)	—	1	1
Combination of (c) and (e)	1	2	3
Combination of (c) and (f)	4	3	7
	80	109	189

Blind Persons age 16 and upwards resident in:—

	Males	Females	Total
Residential accommodation provided under Part III of the 1948 Act (viz. Sect. 21)—			
(a) Homes for the Blind	10	22	32
(b) Other Homes	3	6	9
Other Residential Homes	—	7	7
Mental Hospitals	5	8	13
Mental Deficiency Institutions	3	3	6
Other Hospitals	2	13	15
	23	59	82

(2) Partially Sighted Persons

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.

Particulars of the 85 persons for the year 1952 on the register are given in the following Tables. These people are entitled to the services and facilities provided for Blind Persons:—

Age Groups of Partially Sighted Persons

	M.	F.	T.
0— 4	—	—	—
5—15	9	10	19
16—20	2	1	3
21—49	4	12	16
50—64	2	11	13
65 and over	11	23	34
Total	28	57	85

Cases newly Registered during the Year
Age at Date of Registration

	M.	F.	T.
0— 4	—	—	—
5—15	2	1	3
16—20	—	—	—
21—49	—	3	3
50—64	2	6	8
65 and over	5	12	17
Total	9	22	31

During the year 1 partially sighted person was removed from the register due to improved visual acuity and 1 was transferred to the Blind Register.

The register is kept in four main classes:—

A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.

B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.

C. Requiring Observation—Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate.

D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.

CLASS A

Persons Near and Prospectively Blind

	M.	F.	T.
Unemployed: Not available for capable of work ...	5	15	20

CLASS B

Persons Mainly Industrially Handicapped:

	M.	F.	T.
Employed	1	5	6
Undergoing Training ...	2	—	2
Unemployed but Available for and capable of Training or Work ...	1	—	1
Not Available or Capable of Work ...	—	2	2
TOTAL	4	7	11

	M.	F.	T.
CLASS C			
Persons Requiring Observation only	9	25	34
CLASS D			
Children 5—16:			
Educable			
At Special Schools ...	4	6	10
At other Schools	4	1	5
Not at School ...	1	1	2
Ineducable	—	2	2
TOTAL	9	10	19
Children over 16:			
Still at School	1	—	1

LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage effluent samples, etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service.

Specimens of water and food, etc., are sent to the Laboratory of the Public Analyst.

INSPECTION AND SUPERVISION OF FOOD

REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT

During the year 1,718 samples of food and/or drugs were taken covering a great variety of food stuffs in everyday use.

The greater portion were samples of milk and many of these are dealt with informally by the Sampling Officers.

The system whereby samples are obtained informally in the first instance has proved to be a source of valuable information to the Sampling Officer who can quickly form an opinion as to sources of adulerated food.

This practice of causing samples to be taken without any public formalities required by the Acts is a practice with many local authorities.

The advantage of taking samples in this way is to discover which traders, if any, are guilty of fraudulent practices. When one of these samples is found to be adulterated, further samples are taken from the same article, from the same vendor, with the usual formalities and with a view of instituting legal proceedings.

It also saves unnecessary annoyance to shopkeepers and others whose chief objection to the taking of samples is that the Inspector takes up their time and counter space in the division of samples and sealing of packets while

his action causes curiosity on the part of the customers. The following is a summary of the samples taken.

Number of Samples taken	1,718
Informal test not sent to the Public Analyst ...	1,135
Informal test sent to the Public Analyst	67
Analyst, genuine	541
Analyst, adulterated	42

This shows that only 2.05 per cent of the samples taken were irregular or adulterated. Samples of milk which are certified to contain a percentage of added water are not in my opinion all in the same category. Whilst the law on the subject is perfectly clear everyone must admit that circumstances alter cases and that milk sampled en route to a milk factory is not necessarily in the same category as milk which is being retailed from house to house. There is something common in both instances in that money is being obtained for foodstuffs not of the quality, etc. In the second instance, however, many members of the public are affected, but the milk factory is in a different position in that it is capable of testing the milk and returning it to the farmer if it is not satisfactory.

An unusual complaint was made by a householder to the effect that, after consuming some sugar from a newly opened packet, members of the family became violently ill. The remainder of the packet was sent to the Public Analyst who discovered some 4 per cent of Epsom Salts. After extensive enquiries we came to the conclusion that so many people had had access to the sugar both before and after it was opened that it would be impossible to prove any offence. A sample of sugar from the shop which had supplied the householder did not contain any trace of Epsom Salts.

	No. of samples involved	*Nature of Adulteration*	*Action*	*Result*
Butcher	1	Sausages 30% deficient in meat.	Proceedings	Fined £10.0.0. Costs £ 3.0.0.
Milk/Retailer	1	12.2% added water.	Proceedings	Fined £10.0.0. Costs £6.11.0.
Dairyman Farmer	2	25% added water.	Proceedings	Fined £100.0.0. Costs £8.10.0.
Milk Producer/Retailer	1	38% deficient in fat.	Proceedings	Fined £ 4.0.0. Costs £ 4.4.0.
Dairyman	1	Milk deficient in fat.	Proceedings	Dismissed.
Pork Butchers	1	Pork sausages not of the quality demanded.	Proceedings	Fined £ 4.0.0. Costs £ 3.3.0.
Farmer/Milk Producer	1	8.4% added water.	Proceedings	Fined £ 4.0.0. Costs £ 2.2.0.
Dairyman	1	Ice Cream deficient in fat.	Cautioned	Standard now lowered.
Farmer	3	5%, 20%, 3.3% deficient in fat.	Cautioned by Chief Inspector	
Farmer/Milk Producer	1	16.6% deficient in fat.	Proceedings	Fined £ 1.0.0. Costs £ 2.2.0.

	No. of samples involved	*Nature of Adulteration*	*Action*	*Result*
Confectioner	1	Liqueur Chocolates not of the quality demanded.	Reported to the Customs	
Grocers	1	Flour not fit for human consumption.	Proceedings	Fined £ 5.0.0. Costs £ 7.0.0.
Grocer	2	Sugar contained Epsom Salts.	No Action	
Dairy Co.	1	Milk deficiency in solids.	No Action	Water not confirmed.
Milk Retailer	3	Milk def. in solids Abnormally high in fat.	No Action	
Farmer/Milk Producer	2	Milk deficient in Solids-not-fat. Appeal to cow samples Def.	Reported to M.R.O.	
Farmer/Milk Producer	5	Milk 14.6%, 16.6%, 8.3%, 10% deficient in fat. Appeal to cow also deficient.	Reported to M.M.B. and M.R.O.	
Farmer/Milk Producer	3	4% deficient in fat. Appeal to cow sample def.	Reported to M.R.O.	
Farmers	2	10% deficient in fat	Public Analyst suggests further samples.	
Newsagents/ Confectioners	1	Ice Cream deficient in fat.	Cautioned by the Clerk of the Council.	
Butcher	1	Pork and Beef Sausages not of quality demanded	Cautioned by M.O.F.	
Baker/Cafe Proprietress	1	Cream Horns not of the quality demanded	Seller cautioned	
Farmer/Dairyman	1	8.8% added water	Proceedings	Fined £ 5.0.0. Costs £ 4.4.0.
Farmer/Dairyman	2	Small percentage of added water	Cautioned by Chief Inspector	
Farmer	2	4.9%. 6.6% added water	Proceedings	Fined £ 1.5.0. on each charge Costs £ 2.2.0.

A Dairyman/Farmer who was proved to be selling adulterated milk and who actually carried the container of water on his vehicle was fined £100. His explanation of carrying the water was that the radiator of his car was leaking.

Of the 41 samples adversely reported on by the Public Analyst, 31 were samples of milk. Of these only 9 were proved to be adulterated in the ordinary sense of the word, the remainder being what I would refer to as irregular or abnormal samples. It will be seen, therefore, that from the 1,202

samples of milk taken only ¼ per cent proved to be adulterated. There is no doubt at all that the offence of watering milk is diminishing, but whether this is due to the activities of the Sampling Officers, the penalty imposed by the magistrates or from other circumstances, it is difficult to say. It is only hoped that this trend will be maintained and that even less adulteration will be found in the future.

SANITARY CIRCUMSTANCES

REPORT OF THE COUNTY SANITARY OFFICER

The following is a summary of the work carried out during the year:—

Pasteurising plants and other dairy premises inspected ...	252
Visits in relation to works of sewage disposal	29
Visits in relation to works of water supply	27
Visits to school premises	304
Ministry Inquiries attended	6
Samples of water submitted for analysis	178
Samples of Pasteurised Milk submitted for examination ...	227
Samples of school milk submitted for examination	279
Samples of milk submitted for biological examination ...	36
Samples of school milk submitted for analysis	263

MILK—SPECIAL DESIGNATIONS

Pasteurised Milk

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into operation on the 1st January 1951, and re-enacts, with the necessary amendments the Milk (Special Designations) Act, 1949, and certain sections of the Food & Drugs Act, 1938, and the Food & Drugs (Milk and Dairies) Act, 1944.

The County Council, as the Food & Drugs Authority, are now the licensing authority for the granting of Dealers' (Pasteurisers') licences authorising the use of the special designation "Pasteurised" in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences have been granted in respect of eleven premises throughout the county for the pasteurisation of milk. Two new licences having been granted during the year.

There are no premises in the county licensed for the sterilisation of milk.

Of these plants, the methods adopted for pasteurising the milk are, six by the High Temperature Short Time (H.T.S.T.) process in which the milk

is retained at a temperature of not less than 161° Fah. for at least 15 seconds and immediately cooled to a temperature of not more than 50° Fah. and 5 by the Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least 30 minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year, 252 inspections of these dairies were made and 227 samples of Pasteurised Milk taken and submitted for Phosphatase and Methylene Blue examination with the following results:—

No. of Samples	Phosphatase Test		Methylene Blue Test		Failing Both Tests
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
227	196	6	197	2	1

Of these samples 6 submitted to the Phosphatase Test and 5 samples submitted to the Methylene Blue Test were rendered void.

Samples of the detergents used at two of the creameries were taken and submitted for examination and gave a phenol re-action. This was thought to be the cause of the Phosphatase Tests being rendered void. The Methylene Blue Tests were rendered void owing to the temperature exceeding 65° Fah.

Thirteen samples of Pasteurised Milk were also submitted for plate count and B. Coli and 15 milk bottles submitted for sterility tests.

A number of check tests of the accuracy or otherwise of the indicating and recording thermometers have been made and resulted in many thermometers having to be adjusted or replaced.

Unsatisfactory samples are followed up and further samples taken after advice has been given on the possible cause of failure of the sample to comply with the standard laid down. A report is made to the Area Milk Officer of the Ministry of Food of any sample failing to comply with the test and a monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the Managers of creameries and to the Medical Officers and Sanitary Inspectors of the district in which the creameries are situated.

Samples of Pasteurised Milk have been taken regularly by the Food and Drugs Department and of 345 samples taken during the year the average fat content was 3.85% and non-fatty solids 8.9%.

MILK IN SCHOOLS SCHEME

It has always been the aim to obtain supplies of Pasteurised or Tuberculin Tested Milk, preferably in one-third pint bottles for schools and efforts have been constantly directed towards achieving this object. It is, therefore, with some satisfaction that I am able to report that at the end of the year the position regarding the supply of milk to the schools was as follows:—

Grade of Milk	Bottled	Bulk	Total
Pasteurised	348	6	354
Tuberculin Tested ...	10	7	17
Ungraded	—	9	9
No. of schools ...	358	22	380

It will be noted that 93 per cent. of the schools in the county receive Pasteurised Milk, 4.7 per cent. Tuberculin Tested Milk, and only 9 schools or 2.3 per cent. are receiving Ungraded Milk.

With regard to the progress with the supply of bottled milk to the schools, it will be of interest to note that only 22 schools are at present receiving milk in bulk containers. Apart from the time which has to be devoted to measuring out bulk milk into approximately one-third pints, there is the danger that the beakers used by the children might not always be clean as at some of the rural schools washing-up facilities are inadequate.

The supply of milk to schools in one-third pint bottles with drinking straws is the only really satisfactory method of ensuring that children obtain their milk under the most hygienic conditions and efforts to reduce still further the number of bulk supplies are being continued.

The supervision of the Milk in Schools Scheme has been continued throughout the year and 279 samples of milk delivered to the schools have been taken and submitted for examination with the following results:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised	197	23	220
Tuberculin Tested ...	31	2	33
Ungraded	23	3	26
All grades ...	251	28	279

Of the 23 samples of pasteurised milk that failed to pass the necessary tests, 17 failed on Methylene Blue (keeping quality) and 6 failed on the Phosphatase Test (improperly pasteurised). Most of the latter samples, however, were obtained in bulk from the creameries where the milk is pasteurised and bottled by the supplier. No sample failed on both tests.

The Methylene Blue failures occurred mostly during the very hot weather.

As the 6 samples failing to pass the Phosphatase Test constitute only 2.77% of the total samples of pasteurised milk taken and examined, it may be said that the milk is generally safe.

In the case of unsatisfactory samples of milk delivered to the schools direct from the farm and in cases of T.T. milk, the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to

investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

An improvement in the conditions under which the milk is received, stored and distributed in cases where instructions have been given that canteen staffs are to be held responsible for receiving and distributing the milk and the cleansing and return of the bottles, has been continued.

By arrangement with the Chief Inspector of Food & Drugs, it was agreed that, in order to avoid duplicity of visits to schools, all informal samples of school milk taken for analysis should be taken by the County Sanitary Officer at the time samples are being collected for bacteriological examination and that these samples should be delivered to the Food & Drugs Department for examination. During the year 1952, 263 samples were taken and submitted for examination. Of these samples 258 proved, on examination, to be satisfactory and of the remaining 5, 2 were slightly deficient in fat and 3 slightly deficient in non-fatty solids. No action was considered to be necessary.

Thirty-one samples of milk from sources of supply of ungraded milk to schools and canteens have been taken and submitted for biological examination. All samples proved to be free from tubercle bacilli.

WATER SUPPLIES IN SCHOOLS

The sampling of water at the schools not being supplied from public mains has continued throughout the year, particular attention being paid to those schools where previous samples had proved unsatisfactory.

In a number of cases where the supply had proved, on examination, to be unsatisfactory, alternative sources of supply have been sampled and examined bacteriologically.

During the year, 175 samples have been taken from 104 schools and canteens. Of these, 105 samples were satisfactory and 70 unsatisfactory or doubtful. These unsatisfactory samples covered 45 schools or canteens.

At one school a Meta-Filter has been installed as an experiment and samples of the water taken after filtration show this to be very successful. It is hoped to install this type of filter at other schools where conditions are suitable.

Copies of the results of all examinations of samples are sent to the local medical officers.

The Secretary for Education is notified of all unsatisfactory samples and if the source is also a public supply, the Medical Officer of Health and the Sanitary Inspector of the district in which the school is situated are asked to cause an investigation to be carried out.

Schemes of water supply submitted to the County Council, in accordance with the Rural Water Supplies & Sewerage Act, 1944, for their observations are brought to the notice of the Education and Architect's

Departments with a view to schools being connected to the proposed mains where public mains supplies are brought to within reasonable distance of the school.

There are still a number of schools without a suitable supply of drinking water obtainable on the premises, water for drinking having to be carried from a distant source of supply and stored in containers at the school. Many of the containers are unsuitable and are left in the cloak-rooms without covers and a cup or mug is provided for dipping water from the containers for the purpose of drinking, many children probably using the same cup or mug without it having been washed after use.

As a result of representations made, the following works or precautions have been or are being carried out:—

School Water Supplies

Schools connected to mains supplies	9
Schools proposed to be connected to mains supplies	18
Alternative sources of supply being sought	9
Wells repaired structurally	5
Pumps repaired	10
Collecting Chambers repaired	11
Defective drainage being repaired	6
Lead pipes being replaced by more suitable pipes (lead in water)	1
Mains extended to wash-basins	9

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility of the registration and supervision of premises where ice cream is manufactured and sold and the duty of taking samples was placed upon the district councils and borough councils by the above Regulations which came into operation on the 1st May 1947.

Under the Regulations there has been prescribed no legal standard of cleanliness for ice cream, but a form of Methylene Blue Test has been recommended by the Ministry of Health and this examination has, in fact, been adopted as the unofficial test. According to the quality of the ice-cream four grades have been set up, numbered one to four, and the Ministry suggests that if, out of the four grades recommended, ice cream consistently fails to reach grades one and two it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigation.

The Food Standards (Ice Cream) Order 1951, prescribes that the ice cream should contain not less than 5% of fat; 10% sugar and 7½% of milk solids other than fat.

The Food Standards (Ice Cream) (Amendment) Order 1952, came into operation on the 7th July, 1952 and lowered this standard owing to the shortage of milk powder and fats by prescribing that ice cream shall contain not less than 4% of fat; 10% sugar and 5% milk solids other than fat.

This Order is being administered by the Food & Drugs Department of the County Council and 66 samples have been taken during the year of which 64 were genuine and 2 were below standard.

The results of the samples examined for Methylene Blue are shown in the following Table:—

Local Authority	Hot Mix Grade				Cold Mix Grade				Unknown Grade				Total Samples
	1	2	3	4	1	2	3	4	1	2	3	4	
Falmouth B. ...	62	8	7	—	3	—	—	—	—	—	—	—	80
Fowey B. ...	2	—	—	—	2	—	—	—	2	—	—	—	6
Helston B. ...	12	1	4	—	—	—	—	—	—	—	—	—	17
Launceston B. ...	12	2	2	1	—	—	—	—	—	—	—	—	17
Liskeard B. ...	15	6	10	—	—	—	—	—	33	7	2	—	73
Penzance B. ...	54	12	14	—	4	—	—	—	—	—	—	—	84
St. Ives B. ...	2	2	1	—	1	—	—	—	—	—	—	—	6
Truro City ...	30	3	—	—	2	1	—	—	—	—	—	—	36
Bude Stratton U.D. ...	25	18	8	—	3	—	—	—	—	—	—	—	54
Camborne-Redruth U.D. ...	8	—	—	—	1	—	—	—	22	5	—	—	36
Looe U.D. ...	35	4	6	—	—	—	—	—	17	6	6	—	74
Newquay U.D. ...	15	3	4	—	4	—	1	—	17	1	1	—	46
St. Austell U.D. ...	29	8	4	—	4	1	—	—	—	—	—	—	46
Camelford R.D. ...	2	—	—	—	3	—	—	—	3	—	—	—	8
Kerrier R.D. ...	2	—	2	—	2	2	—	—	50	13	10	—	81
Truro R.D. ...	57	15	3	—	5	—	—	—	—	—	—	—	80
Totals ...	362	82	65	1	34	4	1	—	144	32	19	—	744

INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government within the county were attended during the year:—

1. **Camelford Rural District**—6th May, 1952, at the Rural District Council Offices, Camelford, to investigate the progress and costs of the schemes of sewerage and sewage disposal for:—

   (a) St. Teath—estimated cost £9,186

   (b) Delabole—estimated cost £25,095

2. **Liskeard Rural District**—7th May 1952, at the Rural District Council Offices, Liskeard, to discuss the progress of the first section of the Regional Water Scheme, the total estimated cost of which is £656, 380.

3. **Liskeard Rural District**—3rd December 1952, to investigate the progress of the scheme of sewerage and sewage disposal for the village of St. Cleer and adjoining districts, estimated to cost £39,962.

4. **Lostwithiel Borough**—23rd July 1952, in respect of the application by the Borough Council for consent to borrow the sum of £17,480 for works of sewerage and sewage disposal in the Borough.

5. **Kerrier Rural District**—25th August 1952, in respect of the Rural District Council's proposed scheme of sewerage and sewage disposal for the parish of Praze-an-Beeble, estimated to cost £16,040.

6. **Truro Rural District**—4th December 1952, to inquire into the progress of the scheme of water supply for Ladock and the South Eastern Districts of the Rural District, estimated to cost £149,947.

RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Acts was passed to the Cornwall River Board under the River Boards Act, 1948, but following an application by the Cornwall River Board the County Council approved the formal seconding of the County Sanitary Officer and the Assistant County Sanitary Officer to the River Board for such proportion of their time as may, in practice, be found to be necessary to carry out the obligations of the Board in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951.

This work was commenced by your Sanitary Officers on the 1st August 1951, and the following is a summary of the works carried out for the year ended 31st December 1952:—

Visits to works of sewage disposal	227
Visits to industrial plants	98
Inspections of outfalls to rivers	44
Samples of sewage effluent submitted for examination	172
Samples of river water and trade wastes submitted for examination	114
Plans of proposed works reported upon	20
Ministry of Housing and Local Government Inquiries attended	5

WATER SUPPLIES

The County at the present time is being served by 32 statutory and 2 non-statutory water undertakers as follows:—

Statutory Undertakers

(a) Three Boroughs and Urban Districts with limits of supply greater than the Local Government area:—
Falmouth (Borough); Liskeard (Borough); and Bude-Stratton (U.D.)

(b) Two Joint Water Boards with statutory powers:—
South East Cornwall Water Board, and North Cornwall Joint Water Board.

(c) Five companies with statutory powers:—
Bodmin Water Works Company; Camborne Water Company; Helston and Porthleven Water Company; Newquay and District Water Company; Truro Water Company.

(d) Six Boroughs operating under Public Health Acts:—
Fowey; Launceston; Lostwithiel; Penzance; St. Ives and Saltash.

(e) Six Urban Districts operating under Public Health Acts:—
Camborne-Redruth (Redruth and St. Day and Lanner Wards only); Looe; Padstow; St. Austell; St. Just and Torpoint.

(f) Ten Rural Districts:—
Camelford; Kerrier; Launceston; Liskeard; St. Austell; St. Germans; Stratton; Truro; Wadebridge and West Penwith.

Non-Statutory Undertakers

Two Companies:—
Kelly Bray and District Water Company; Widemouth Water Supply Company.

At the present time, in the twelve Boroughs, about 96% of the population are on piped supplies. In the eight Urban Districts about 84% and in the ten Rural Districts about 40% are on piped supplies.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 88 schemes of water supplies submitted by local authorities and other water undertakings for the County Council's observations, the total estimated cost of these being £2,564,972 and 61 schemes estimated to cost £1,767,649 had been completed or the works were in progress at the end of December 1952.

In the case of 27 schemes estimated to cost £1,360,273 the Ministry have approved lump sum grants totalling £292,320 and in one case a grant of £137.10s.0d. per annum for the period of the guarantee.

The County Council have approved grants in respect of 21 schemes amounting to £7,125 per annum for 30 years and in respect of 3 schemes, grants amounting to £1,316.8s.9d. per annum for 12 years, and in one case a grant of £814 per annum for 35 years, making a total of annual grants of £9,255.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above mentioned Act are given in the following Table:—

District Council or Water Undertaking	Particulars of Scheme	Est. Cost	Remarks
		£	
Fowey Borough	New Service Reservoir	* 17,000	Approvel by Ministry
Penzance Borough	Penzance Borough St. Just U.D. West Penwith R.D.	745,000	——
	Gulval	(a) 2,000	Works completed
	Boscathnoe-filters and pumping plant	(a) 8,900	Material being delivered on site
St. Ives Borough	Halsetown and Rural areas from Amalveor	15,539	Nearing completion

District Council or Water Undertaking	Particulars of Scheme		Est. Cost	Remarks
			£	
Saltash Borough	Extension of mains at Carkeel		580	Works completed
Camborne-Redruth U.D.	St. Day and Carharrack		15,524	Works completed
	Lanner and Scorrier		9,367	Works completed
	Troon; Pencoys; Carnkie; Bolenowe; Knave-go-by; Treskillard; Four Lanes; Piece and Bosleake	(a)	43,565	Troon section completed
Newquay U.D.	Crantock	(a)	5,635	Works completed
	Tregurrian		2,908	Works completed
Torpoint U.D.	Poole—Supplementary supply		300	——
Camelford R.D.	Helstone; Newhall Green; Trewalda and Polstraul		7,633	Works completed Ministry Grant £3,900 C.C. grant £198.1.4. p.a. for 30 years
	St. Breward	(a)	461	Works completed
	Boscastle	(a)	270	Works completed
	Boscastle (new road)		1,183	Works completed Ministry Grant £280. C.C. grant £14.4.6. p.a. for 30 years.
	Mount Camel	(a)	365	Works completed
	Trefrew Road; Dark Lane; Camelford and St. Breward	(a)	675	Works completed
	Trevia		2,228	Works completed Ministry Grant £750. C.C. Grant £22.7.0. p.a. for 30 years
	Michaelstow and Treveigham		8,800	App. by Ministry Ministry of Agriculture and Fisheries to make grant of £5,500.
	Pencarrow	*	1,650	Tenders invited
	Camelford—Reservoir and Treatment Plant	*	4,500	App. by Ministry
Kerrier R.D.	Trewennack		3,789	Works completed
	Grade Ruan and Landewednack		51,496	Orders placed for materials. 75% received
	Godolphin Cross and Breage		8,032	Works completed Ministry Grant £1,500. C.C. Grant £76.3.8. p.a. for 30 years
	Budock Water, Mawnan, Mawnan Smith, Trebarworthal, Porth Navas		32,291	Ministry Grant £8,500. C.C. Grant £431.13.8. p.a. for 30 years. Works completed

District Council or Water Undertaking	Particulars of Scheme		Est. Cost	Remarks
Kerrier R.D. (contd.)			£	
	Manaccan, St. Anthony, St. Martin-in-Mencage, St. Keverne, Coverack, Cury, Gunwalloe		121,880	Orders placed for materials. 75% received.
	Boskenwyn and Manhay		10,802	Ministry to make Grant of £4,000 to this and Trewennack combined schemes
	Breage and District		76,341	Ministry to make Grant of £20,000
	Leedstown, Townshend and Horsedowns		13,250	Ministry to make Grant of £6,000.
	Stithians (Intake Scheme)		274,000	
	Mullion		8,332	Works in progress. Ministry Grant £1,750. C.C. Grant £103.15.2. p.a. for 30 years.
Launceston R.D.	South Petherwin(1)		3,800	Ministry Inquiry held.
	South Petherwin(2)		1,200	Ministry Inquiry held.
	Egloskerry and Langore		8,225	Ministry Inquiry held.
	Altarnun, Five Lanes and Trewint	*	?	——
	Holmbush		1,200	——
	Canworthy Water and Warbstow	*	5,888	Ministry Inquiry held.
Liskeard R.D.	Regional Scheme for parts of S.E. Cornwall		656,380	Ministry Grant £120,000 C.C. Grant £276.0.6. p.a. for 30 years and £814.0.11. p.a. for 35 years. Works in progress.
	Polperro-Brent Field		2,212	Works in progress
St. Austell R.D.	Golant		1,050	Works completed
	Hewas Water		637	Works completed
	Roche		488	Works completed
	De Lank extensions from Wadebridge		112,000	——
	Lower Sticker and Polgooth		2,400	Works completed
	St. Mawgan and Trenance		35,000	Works completed Ministry Grant £11,000 C.C. Grant £558.13.2. p.a. for 30 years.
	Treviscoe and Trerice	(a)	5,600	Works completed
	Indian Queens, Fraddon and Summercourt		35,000	Ministry Grant £24,000. C.C. Grant £592.10.8. p.a. for 30 years. Works in progress. 95% completed.

District Council or Water Undertaking	Particulars of Scheme		Est. Cost	Remarks
			£	
	Curyan Vale	(a)	1,152	Works completed
	Talskiddy	*	2,280	Ministry approval received. Ministry Grant £750. C.C. Grant £44.9.4. p.a. for 30 years.
	Lower Sticker		1,680	Works completed Ministry Grant £500. C.C. Grant £29.12.10. p.a. for 30 years.
St. Germans R.D.	Gunnislake and Hatches Green	(a)	621	Works completed
	Narkurs	(a)	1,057	Works completed
	St. John and Millbrook	(a)	2,340	Works completed
	Tredis	(a)	1,200	Tender accepted Awaiting materials.
	Horsepool		300	——
	Fursdon	(a)	680	Works completed
	Hessenford	(a)	3,175	Works completed
	Quethiock and Treweese Cross	(a)	560	Works completed
	Lower Kelly, Calstock	(a)	614	Works completed
	Callington		1,270	——
Stratton R.D.	St. Gennys and Crackington Haven		20,000	Borehole sunk and Pump installed.
	Kilkhampton		6,833	Scheme completed. Ministry Grant £800. C.C. Grant £44.13.0. p.a. for 30 years.
Truro R.D.	Ladock and South Eastern District		149,142	Works 95% completed. Ministry Grant £30,000. C.C. Grant £1,685.8.2. p.a. for 30 years.
	Perranzabuloe		2,385	Works completed Ministry Grant £800. C.C. Grant £40.12.8. p.a. for 30 years.
	Mitchell		2,200	Works completed Ministry Grant £340. C.C. Grant £17.5.4. p.a. for 30 years.
	Shortlanesend	(a)	2,500	Works completed
	Newlyn East		15,050	Works completed Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years.
	Perranporth (Augmentation Scheme)		28,050	Works completed Ministry Grant £5,250. C.C. Grant £266.12.8. p.a. for 30 years.

District Council or Water Undertaking	Particulars of Scheme		Est. Cost	Remarks
Truro R.D. (contd.)	Tresillian		5,500	Works completed Ministry Grant £137. 10.0. p.a. for period of guarantee. C.C. Grant £137.10.0 p.a. for 12 years.
	Probus		1,150	Works completed Ministry Grant £650. C.C. Grant £33.0.2. p.a. for 30 years.
	Mylor		27,841	Works 60% completed. Ministry Grant £4.250. C.C. Grant £424.7.0. p.a. for 12 years.
	Tretham Mill and St. Mawes		11,300	Works completed Ministry Grant £900. C.C. Grant £45.14.2. p.a. for 30 years.
	Do. Relaying of existing mains	(a)	4,186	Works completed
	St. Agnes (Wheal Kitty)	(a)	1,774	Works completed
	Chacewater		141,300	Works in progress Ministry Grant £28,000. C.C. Grant £1,660.2.8. p.a. for 30 years.
Wadebridge R.D.	De Lank Scheme		308,833	Works in progress
West Penwith R.D.	Gwinear-Gwithian		32,000	Works completed Ministry Grant £7,500. C.C. Grant £754.11.9. p.a. for 12 years.
	Goldsithney		1,936	Works completed
	St. Buryan		3,375	Works nearing completion
	Nancledra		3,021	Works nearing completion
	Canonstown		4,067	Materials on site awaiting starting date
South East Cornwall Water Board	River Tiddy Scheme		37,750	——
	Provision of Boosters and Booster Houses	(a)	3,090	Works completed
North Cornwall Joint Water Board	Duplications of mains		32,650	Works completed Ministry Grant £3,400. C.C. Grant £172.13.6. p.a. for 30 years.
	St. Endellion Reservoir		8,111	Works completed Ministry Grant £1,000. C.C. Grant £50.15.9. p.a. for 30 years.
	Extension of Filtration Plant		38,400	Works 60% completed Ministry Grant £14,000. C.C. Grant £781.6.2. p.a. for 30 years.
	Penmayne	*	1,530	Materials on site.

(a) Ministry decided not to make Grant.
* Schemes submitted during 1953.

SEWERAGE AND SEWAGE DISPOSAL

The methods of disposal of sewage vary widely in different districts, into tidal waters, in many instances without any preliminary treatment. The near the sea or abutting on to tidal rivers favouring sea outfalls or outfalls into tidal waters, in many instances without any preliminary treatment. The methods adopted throughout the County may be summarised as follows:—

Districts, &c.	No. of Sea Outfalls	No. of Tidal River Outfalls	Outfalls to Non-tidal Rivers or Streams	Sedimentation and/or Filtration Works
Boroughs ...	9	31	8	8
Urban Districts ...	8	15	—	13
Rural Districts ...	41	18	18	31
Service Camps, &c. ...	—	—	—	15
Totals ...	58	64	26	67

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 76 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's observations, the total estimated cost of these being £848,660 of which 3 schemes were submitted during the year 1952 and were estimated to cost £18,171.

Twenty-three schemes, estimated to cost £219,041 had been completed or the works were in progress at the end of the year.

In the case of 12 schemes, estimated to cost £65,098, the Ministry decided not to make a grant but in respect of 10 other schemes, estimated to cost £159,479, lump sum grants totalling £58,100 were approved.

The County Council approved grants amounting to £3,088 per annum for 30 years in respect of 10 schemes estimated to cost £159,479.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above-mentioned Act are set out in the following Table:—

District Council	Particulars of Scheme	Estimated Cost	Remarks
Falmouth Borough	Swanvale Valley	66,250	Approved in principle by Ministry
	Dracaena Avenue	10,354	
Helston ,,	Extension of Disposal Works	15,042	Works completed
Liskeard ,,	Borough Scheme	75,000	—
Lostwithiel ,,	Borough Scheme	33,000	Scheme deferred
Penzance ,,	Gulval	(a) 17,000	Works completed
	Alverton	(a) 9,800	,, ,,
	Sheffield	(a) 2,636	,, ,,
Saltash ,,	Borough Works	36,183	Deferred
Truro City	Bodmin Road and Tregurra Lane	3,454	Works completed
	Tresawls Road and Highertown	(a) 4,380	Works completed

District Council	Particulars of Scheme	Estimated Cost	Remarks
Bude-Stratton Urban District	Poughill	(a) 5,970	Works completed
	Stratton	7,700	Scheme deferred
Newquay Urban District	Crantock	(a) 12,136	Works completed
Camelford R.D.	Bossinney	6,492	Works completed Ministry Grant £2,500. C.C. Grant £101.11.6. p.a. for 30 years.
	Boscastle	17,077	Works completed Ministry Grant £5,500. C.C. Grant £279.6.6. p.a. for 30 years
	Trevenna	19,994	Works completed Ministry Grant £6,500. C.C. Grant £330.2.2. p.a. for 30 years.
	St. Breward	11,100	Approved by Ministry
	St. Teath	9,186	Works completed Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years.
	Trewassa and Tremail	2,000	——
	Delabole	25,097	Works completed Ministry Grant £9,000. C.C. Grant £457.1.8. p.a. for 30 years.
	Trevia	3,700	——
	Tregoodwell	1,000	——
	Trewarmett	2,500	——
	Trcknow	3,600	Ministry Inquiry 18.10.50. Approved.
	Trevalga	2,100	——
	Camelford	2,900	——
	Helstone	2,800	——
	Penpont and Lower Lank	4,400	——
	Tintagel and Bosinney (Extension)	(a) 304	Works in progress
Kerrier R.D.	Praze and Beeble	16,040	Awaiting tenders
	Ruan Minor and St. Ruan	13,800	These schemes are awaiting the provision of water schemes
	St. Keverne and Porthoustock	14,000	
	Constantine and Brillwater	16,800	——
	Mabe	9,600	——
	Leedstown	8,000	These schemes are awaiting the provision of water schemes
	Manaccan	4,560	
	Mawnan Smith	11,600	Detailed scheme prepared

District Council	Particulars of Scheme		Estimated Cost	Remarks
Launceston R.D.	Altarnun and Five Lanes		9,800	Approved by Ministry
	North Hill	(a)	8,400	Tender accepted
	South Petherwin and Daws House		13,550	Approved by Ministry
	Venterdon and Stoke Climsland		13,600	Ministry Inquiry held
	Lewannick		9,420	——
	Lawhitton		500	Works completed
	Egloskerry and Hole		7,100	——
	Tregadillet		5,000	——
	Coads Green		4,500	——
	Warbstow		3,000	——
	Canworthy Water		5,900	——
Liskeard R.D.	Dobwalls		11,516	——
	Crows Nest		1,561	——
	St. Cleer		34,835	Works in progress Ministry Grant £13,500. C.C. Grant £778.7.8. p.a. for 30 years.
	Seaton Bridge		8,890	Works completed Ministry Grant £3,000. C.C. Grant £167.8.6. p.a. for 30 years.
	Upton Cross		4,895	——
	Menheniot		8,636	——
	Cheesewring		6,784	——
	St. Neot		7,726	——
	Polperro	*	560	Works completed
St. Austell R.D.	Grampound		4,320	Sewerage completed. Treatment works not yet commenced.
	Gorran		2,840	——
	Golant Outfall	(a)*	1,360	Works completed
	Trewoon and Polgooth		25,470	Ministry Inquiry held
St. Germans R.D.	Seaton	(a)	4,783	Works completed
	Quethiock	(a)	1,800	Ministry of Health Inquiry 18.3.49.
	St. Germans	(a)	6,550	Approved by Ministry
	Callington and Kelly Bray		16,500	——
Stratton R.D.	Widemouth Bay		13,600	Deferred
	Bangors, Poundstock	(a)	2,115	Works completed
	Kilkhampton		15,000	Ministry Inquiry 27.4.50 Ministry Grant £6,500. C.C. Grant £330.2.4. p.a. for 30 years.
	Grimscott Launcells		3,034	Tender accepted

District Council	Particulars of Scheme	Estimated Cost	Remarks
Truro R.D.	Blackwater	17,500	——
	St. Mawes	16,000	——
	Flushing	?	——
Wadebridge R.D.	St. Merryn	6,101	——
	Lanivet	* 16,251	——
West Penwith R.D.	St. Buryan	13,110	Works nearing completion. Ministry Grant £4,800. C.C. Grant £284.11.10. p.a. for 30 years.
	Sennen Cove	9,798	Ministry Inquiry 25.10.50. Ministry Grant £2,800. C.C. Grant £156.5.2. p.a. for 30 years.
	Goldsithney	10,400	——

(a) Ministry decided not to make grant

* Scheme submitted during 1952.

RURAL HOUSING

County Councils are not housing authorities for the purpose of the principal Housing Act of 1936, but by Section 88 of that Act it is the duty of every County Council as respects each Rural District within the County "to have constant regard to the housing conditions of the working classes." This duty is mainly that of co-operating with and assisting local authorities.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee in the Third Report issued in 1944 recommended the setting up of a Joint Advisory Committee for each County in England and Wales representative of all Rural District Councils in the County, the County Council and any other persons representative of bodies interested in housing within the County whom the Committee thought fit to co-opt.

Such a Committee has been established in the County and is known as the Cornwall Rural Joint Advisory Housing Committee. The first meeting was held on the 23rd March, 1945.

A Technical Standards Sub-Committee was also set up and it was resolved to recommend:—

"That two standards of housing conditions be adopted:—

(i) as the standards, ultimately expected to be aimed at, and

(ii) the standard with which all existing houses shall be made to comply, where practicable when such houses are dealt with in connexion with the survey to be carried out in all Rural Districts."

These standards were adopted by the Cornwall Rural Joint Advisory Housing Committee at a meeting held at the County Hall, Truro, on the 18th May, 1945, after which copies of the standard were sent to all Rural District Councils and other bodies represented on the Committee.

Of the ten rural districts in the County, one has not yet commenced to carry out the survey as recommended by the Cornwall Joint Advisory Committee. Three local authorities have completed the survey, viz., Launceston, Camelford and Truro Rural Districts. The position throughout the County at the 31st December 1952 is shown in the following table:—

Rural District	No. of parishes in Rural Districts	No. of parishes completed	Parishes under survey but not completed	No. of houses inspected	Classification Category 1	2	3	4	5	No. of houses overcrowded	No. of new houses erected By local Authority	By private enterprise
Camelford ...	13	13	—	1769	221	651	517	225	155	74	123	25
							Conversion of other buildings					23
Kerrier ...	21	—	10	207	4	19	76	21	87	—	208	78
Launceston ...	17	17	—	1376	164	398	661	59	94	4	41	17
Liskeard ...	21	—	17	599	23	125	277	165	8	—	142	46
St. Austell ...	17	1	11	1303	305	140	594	2	262	4	337	48
								Erection of flats			12	—
St. Germans ...	16	—	—	—	--	—	—	—	—	—	335	63
								Temporary conversions			37	—
Stratton ...	10	—	10	119	12	18	35	25	29	—	133	26
Truro ...	24	24	—	5799	202	424	893	3142	1138	—	337	90
Wadebridge ...	19	16	2	2575	308	540	541	783	403	—	270	20
West Penwith	17	2	10	1970	551	665	452	158	144	37	130	60
Totals	175	73	60	15717	1790	2980	4046	4580	2320	119	2105	496
					% 11.4	% 18.9	% 25.7	% 29.2	% 14.8			

1. Satisfactory in all respects.
2. Minor defects.
3. Requiring repair, structural alteration or improvement.
4. Appropriate for re-conditioning.
5. Unfit for habitation and beyond repair at a reasonable expense.

HOUSING ACTS

The following grants have been approved in accordance with the Housing (Financial Provisions) Acts:—

District	Annual Grant	No. of years	Grants previously authorised No. of houses	Grants authorised during 1952 No. of houses	Total No. of houses
Helston Borough	1 10 0	60	16	—	16
Penzance Borough	1 10 0	60	40	—	40
Saltash Borough	1 10 0	60	3	—	3
Bude-Stratton Urban	1 10 0	60	3	2	5
St. Austell Urban	1 10 0	60	16	—	16
Camelford Rural	1 10 0	60	34	—	42
Camelford Rural	1 5 0	60	8	—	
Kerrier Rural	1 10 0	60	49	—	96
Kerrier Rural	1 0 0	40	47	—	
Launceston Rural	1 10 0	60	18	—	20
Launceston Rural	1 0 0	40	2	—	
Liskeard Rural	1 10 0	60	68	—	68
St. Austell Rural	1 10 0	60	34	—	34
St. Germans Rural	1 10 0	60	80	10	99
St. Germans Rural	1 0 0	40	9	—	
Stratton Rural	1 10 0	60	70	4	74
Truro Rural	1 10 0	60	52	24	90
Truro Rural	1 0 0	40	14	—	
Wadebridge Rural	1 10 0	60	42	—	60
Wadebridge Rural	1 0 0	40	18	—	
West Penwith Rural	1 10 0	60	58	—	87
West Penwith Rural	1 0 0	40	27	2	
Totals			708	42	750

	£	s.	d.
623 houses @ £1.10.0. per annum for 60 years ...	934	10	0
8 houses @ £1. 5.0. per annum for 60 years ...	10	0	0
119 houses @ £1. 0.0. per annum for 40 years ...	119	0	0
	£1,063	10	0

TABLE I.

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1952.

Area in Acres.	Sanitary District	Estimated Home Population 1952	Live Births.							Stillbirths.	Deaths.								
			Legitimate		Illegitimate		Total.	Rate.	District Comparability Factor		Under 1 Year.				At all Ages				
			Males	Females	Males	Females					Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Comparability Factor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Urban.																		
3,312	Bodmin	6,294	38	35	1	1	75	11·91	1·56	2	3	2	5	66·66	34	32	66	10·49	0·89
4,294	Bude-Stratton	5,126	33	35	1	2	71	13·85	1·09	1	..	..	..	..	37	41	78	15·22	0·73
	Camborne—																		
22,062	Redruth	35,260	259	228	11	20	518	14·69	0·99	15	10	4	14	27·03	225	255	480	13·61	0 87
1,880	Falmouth	16,490	121	99	3	5	228	13·83	1·04	9	2	4	6	26·32	88	95	183	11·10	0·86
2,979	Fowey	2,307	11	17	..	..	28	12·14	1·10	1	1	..	1	35·71	27	18	45	19·50	0·76
4,014	Helston	5,706	71	58	2	2	133	23·31	1·07	3	2	3	5	37·59	30	42	72	12·62	0·74
2,182	Launceston	4,537	30	28	2	..	60	13·22	1·11	1	..	..	..	..	34	33	67	14·77	0·77
2,704	Liskeard	4,299	23	23	1	2	49	11·40	1·05	4	1	1	2	40·82	20	41	61	14·19	0·68
1,691	Looe	3,569	24	15	2	1	42	11·77	1·08	1	2	1	3	69·77	26	29	55	15·41	0·74
3,156	Lostwithiel	2,079	17	11	1	..	29	13·95	1·14	..	..	..	..	..	12	8	20	9·62	0·69
4,599	Newquay	9,731	73	58	6	3	140	14·39	0·94	3	3	1	4	28·57	58	92	150	15·41	0·77
3,343	Padstow	2,733	29	41	1	1	72	26·34	0·98	2	2	..	2	27·78	17	17	34	12·44	0·72
829	Penryn	4,147	43	35	2	1	81	19·53	1·00	3	1	1	2	24·69	22	21	43	10·37	0 96
3,155	Penzance	19,940	146	125	9	12	292	14·64	1·02	6	6	4	10	34·25	146	134	280	14·04	0·82
18,379	St. Austell	23,460	160	145	6	6	317	13·51	1·10	7	3	1	4	12·62	154	181	335	14·28	0·78
4,287	St. Ives	8,474	43	39	3	1	86	10·15	1·02	3	1	..	1	12·35	53	56	109	12·86	0·71
7,634	St. Just	3,996	28	27	2	2	59	14·76	1·14	..	..	2	2	33·90	23	36	59	14·76	0·85
5,335	Saltash	8,000	71	66	2	1	140	17·50	1·02	4	3	2	5	35·71	53	64	117	14·63	0·76
975	Torpoint	6,822	33	35	3	..	71	10·41	1·50	2	..	1	1	14·08	29	30	59	8·65	1·49
2,634	Truro City	13,230	93	90	5	5	193	14·59	1·01	10	7	3	10	51·81	83	95	178	13·46	1·01
99,444	Totals	186,200	1346	1210	63	65	2,684	14·41	1·06	77	47	30	77	28·69	1,171	1,320	2,491	13·38	0·83
	Rural.																		
62,544	Camelford	7,366	42	49	2	1	94	12·76	1·11	1	..	2	2	21·28	45	48	93	12·63	0·80
90,839	Kerrier	21,520	142	135	5	4	286	13·29	1·03	4	3	4	7	24·48	125	136	261	12·13	0·88
73,051	Launceston	6,470	46	37	1	..	84	12·98	1·12	1	3	2	5	59·52	44	41	85	13·14	0·83
104,803	Liskeard	14,120	87	93	2	7	189	13·39	1·16	4	4	2	6	31·75	96	86	182	12·89	0·87
82,389	St. Austell	22,110	160	166	11	7	344	15·56	1·03	6	3	3	6	17·44	118	109	227	10·27	0·87
48,433	St. Germans	16,710	115	125	7	4	251	15·02	1·11	2	2	8	10	39·84	111	124	235	14·06	0·78
56,285	Stratton	5,595	44	45	1	2	92	16·44	1·15	2	5	2	7	76·09	29	31	60	10·72	0·88
108,316	Truro	26,840	161	181	9	4	355	13·23	1·10	4	7	4	11	30·99	167	181	348	12·97	0 76
88,230	Wadebridge	16,350	110	120	5	3	238	14·55	1·13	7	6	2	8	33·61	96	92	188	11·50	0·89
59,792	West Penwith	17,580	117	133	7	7	264	15·02	1·04	7	4	6	10	37·88	103	103	206	11·72	0 82
764,682	Totals	154,661	1024	1084	50	39	2,197	14·20	1·08	38	37	35	72	32·77	934	951	1,885	12·19	0·82
864,126	Whole County	340,861	2370	2294	113	104	4,881	14·32	..	115	84	65	149	30·52	2,105	2,271	4,376	12·84	
4,041	Scilly Isles	1,839	22	8	..	..	30	16·31	1·00	2	..	..	..	..	20	10	30	16·31	0·90

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.

TABLE I.

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1953.

Area in Acres.	Sanitary District	Estimated Home Population 1953	Live Births.							Stillbirths.	Deaths.								
			Legitimate		Illegitimate		Total.	Rate.	District Comparability Factor		Under 1 Year.				At all Ages				
			Males	Females	Males	Females					Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Comparability Factor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Urban.																		
3,312	Bodmin	6,508	52	33	1	2	88	13·52	1·56	1	2	..	2	22·73	95	111	206	31·65	0·89
4,294	Bude-Stratton	5,112	30	28	3	3	64	12·52	1·09	2	..	1	1	15·68	38	43	81	15·85	0·73
	Camborne—																		
22,062	Redruth	35,380	251	224	11	12	498	14·08	0·99	16	6	5	11	22·09	279	286	565	15·97	0·87
1,880	Falmouth	16,490	124	109	11	8	252	15·28	1·04	7	2	2	4	15·87	91	112	203	12·31	0·86
2,979	Fowey	2,270	10	17	..	1	28	12·33	1·10	1	1	1	2	71·43	14	16	30	13·22	0·76
4,014	Helston	5,787	69	58	..	3	130	22·46	1·07	2	5	..	5	38·46	60	49	109	18·84	0·74
2,182	Launceston	4,623	26	28	1	2	57	12·33	1·11	1	..	..	..	..	40	55	95	20·55	0·77
2,704	Liskeard	4,321	26	27	1	2	56	12·95	1·05	2	..	..	..	..	52	66	118	27·31	0·68
1,691	Looe	3,591	28	16	1	1	46	12·81	1·08	2	..	1	1	21·74	20	24	44	12·25	0·74
3,156	Lostwithiel	2,052	14	15	1	1	31	15·11	1·14	1	1	..	1	32·26	12	15	27	13·16	0·69
4,599	Newquay	9,760	74	45	2	2	123	12·60	0·94	1	4	1	5	40·65	44	52	96	9·84	0·77
3,343	Padstow	2,783	33	26	..	1	60	21·56	0·98	2	1	..	1	16·67	16	23	39	14·01	0·72
829	Penryn	4,232	40	30	..	1	71	16·78	1·00	1	1	1	2	28·17	28	30	58	13·71	0 96
3,155	Penzance	20,000	118	112	3	10	243	12·15	1·02	2	7	4	11	45·27	135	148	283	14·15	0·82
18,379	St. Austell	23,480	161	139	2	3	305	12·99	1·10	9	3	7	10	32·79	144	172	316	13·46	0·78
4,287	St. Ives	8,490	50	69	2	7	128	15·08	1·02	1	..	..	..	..	56	51	107	12·60	0·71
7,634	St. Just	4,007	26	33	..	1	60	14·97	1·14	1	2	..	2	33·33	29	31	60	14·97	0·85
5,335	Saltash	7,950	55	68	5	5	133	16·73	1·02	1	2	3	5	37·59	47	61	108	13·58	0·76
975	Torpoint	6,714	28	26	1	1	56	8·34	1·50	2	..	2	2	35·71	19	23	42	6·26	1·49
2,634	Truro City	13,350	85	97	2	5	189	14·16	1·01	7	4	4	8	42·33	70	90	160	11·99	1·01
99,444	**Totals**	186,900	1300	1200	47	71	2,618	14·01	1·06	62	41	32	73	27·88	1,289	1,458	2,747	14·70	0·83
	Rural.																		
52,544	Camelford	7,330	50	38	4	3	95	12·96	1·11	3	2	2	4	42·11	43	44	87	11·87	0·80
90,839	Kerrier	21,510	134	166	6	3	309	14·37	1·03	7	6	2	8	25·89	120	115	235	10·93	0·88
73,051	Launceston	6,493	40	42	2	1	85	13·09	1·12	2	2	..	2	23·53	43	33	76	11·70	0·83
104,803	Liskeard	14,070	95	103	8	7	213	15·14	1·16	2	6	1	7	32·86	86	83	169	12·01	0·77
82,389	St. Austell	22,030	178	144	8	9	339	15·39	1·03	7	3	5	8	23·60	108	108	216	9·80	0·87
48,433	St. Germans	16,630	119	93	2	3	217	13·05	1·11	5	2	2	4	18·43	106	79	185	11·12	0·78
56,285	Stratton	5,630	42	45	2	6	95	16·87	1·15	1	1	1	2	21·05	26	25	51	9·06	0·88
108,316	Truro	26,880	160	164	6	13	343	12·76	1·10	8	7	3	10	29·15	156	164	320	11·90	0 76
88,230	Wadebridge	16,410	105	109	4	7	225	13·71	1·13	10	4	2	6	26·67	107	104	211	12·86	0·89
59,792	West Penwith	17,580	124	115	1	6	246	13·99	1·04	11	3	1	4	16·26	109	109	218	12·40	0·82
764,682	**Totals**	154,563	1047	1019	43	58	2,167	14·02	1·08	56	36	19	55	25·38	904	864	1,768	11·44	0·82
864,126	**Whole County**	341,463	2347	2219	90	129	4,785	14·01	1·07	118	77	51	128	26·75	2,193	2,322	4,515	13·22	0·83
4,041	Scilly Isles	1,837	25	21	1	..	47	25·59	1·00	..	..	..	..	..	15	14	29	15·79	0·90

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.

Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

Year	Estimated Population	Live Births						Stillbirths	Deaths							
		Legitimate		Illegitimate					Under 1 Year				At all Ages			
		Males	Females	Males	Females	Total	Rate		Males	Females	Total	Rate per 1,000 live Births	Males	Females	Total	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1933	312,076	2092	1901	103	95	4191	13.43	216	131	87	218	52.01	2105	2375	4480	14.35
1934	312,318	2013	1969	93	118	4193	13.42	206	132	109	241	57.47	1997	2242	4239	13.57
1935	312,090	2073	1913	94	85	4165	13.34	211	117	76	193	46.34	2012	2230	4242	13.59
1936	310,686	2032	1955	99	90	4176	13.44	185	136	78	214	51.24	2071	2225	4296	13.83
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	2154	2330	4484	14.51
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	2100	2202	4302	13.95
1939	(a)308,517	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2227	2375	4602	14.74
	(b)312,211															
1940	329,138	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	4924	14.96
1941	371,382	a2215	2125	161	132	4633	12.47	183	159	108	267	52.46	2465	2721	5186	13.96
		c2456	2339	160	134	5089		192								
1942	344,944	2427	2212	168	139	4946	14.34	180	135	93	228	46.09	2127	2301	4428	12.84
1943	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2201	2388	4589	14.02
1944	322,513	2607	2554	276	236	5673	17.59	180	132	99	231	40.72	2197	2359	4556	14.13
1945	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2367	4581	14.61
1946	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2817	4555	14.32
1947	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2286	2449	4735	14.72
1948	329,828	2603	2463	177	142	5385	16.33	136	117	69	186	34.54	2095	2169	4264	12.93
1949	(d)330,247	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10
	(e)339,077															
1950	(e)339,999	2290	2219	124	125	4758	13.99	125	78	66	144	30.26	2238	2418	4656	13.69
1951	(e)339,800	2310	2319	132	108	4869	14.33	116	98	65	163	33.48	2370	2493	4863	14.31
1952	(e)340,861	2370	2294	113	104	4881	14.32	115	84	65	149	30.52	2105	2271	4376	12.84

Birth and Death rates calculated per 1,000 of the Population.

(a) For Birth Rate.
(b) For Death Rate.
(c) For Infant and Maternal Mortality Rates.
(d) Civilian population (for birth and death rates).
(e) Total population (including non-civilians stationed in the county).

TABLE III.

Infectious Diseases notified in each District during the year 1952.

Sanitary District	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Malaria	Acute Rheumatism	Totals
Urban																
Bodmin ...	5	70	–	7	1	–	–	–	9	–	–	2	1	–	–	95
Bude-Stratton ...	–	5	–	–	1	–	–	–	–	1	1	1	–	–	–	9
Camborne-Redruth ...	82	7	–	117	35	–	–	–	1	100	–	3	5	–	–	350
Falmouth ...	5	13	–	10	4	–	1	–	2	2	–	–	–	–	2	39
Fowey ...	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Helston ...	27	6	–	–	3	1	–	–	–	1	–	–	–	–	–	38
Launceston ...	1	–	–	1	4	–	–	–	–	–	–	–	–	–	–	6
Liskeard ...	2	–	–	–	3	–	1	–	–	2	–	–	–	–	–	8
Looe ...	–	2	–	2	9	–	–	–	–	–	–	1	1	1	–	16
Lostwithiel ...	6	–	–	–	5	–	–	–	–	–	–	–	–	–	1	12
Newquay ...	2	14	–	21	1	–	1	–	2	4	1	1	–	–	–	47
Padstow ...	–	–	–	–	–	–	4	–	–	1	–	–	–	–	–	5
Penryn ...	3	6	–	1	–	–	–	–	–	–	–	–	–	–	–	10
Penzance ...	22	74	6	27	–	1	3	3	–	2	–	3	–	–	–	141
St. Austell ...	22	4	–	25	1	1	1	–	–	2	1	–	–	–	–	57
St. Ives ...	9	–	1	4	–	–	1	–	–	–	–	2	1	–	–	18
St. Just ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Saltash ...	–	14	1	7	11	1	–	–	–	1	–	4	3	–	–	42
Torpoint ...	–	5	–	54	6	–	–	–	–	–	–	–	3	–	–	68
Truro City ...	5	–	–	357	–	–	2	–	2	–	–	11	4	1	–	387
Totals ...	192	220	8	633	84	4	14	3	16	116	3	28	18	2	3	1347
Rural																
Camelford ...	1	45	–	8	7	–	–	–	2	1	–	5	–	–	–	69
Kerrier ...	22	18	–	8	3	–	–	–	–	–	–	8	2	–	–	61
Launceston ...	1	1	–	1	–	1	–	–	–	–	–	–	1	–	–	5
Liskeard ...	–	3	–	22	5	–	–	–	–	1	–	1	–	–	1	33
St. Austell ...	9	9	–	4	2	1	1	1	–	–	–	–	–	–	–	27
St. Germans ...	2	20	–	20	16	1	–	1	1	–	–	1	5	–	–	67
Stratton ...	1	14	–	1	1	–	2	–	–	–	–	–	–	–	–	19
Truro ...	19	2	1	321	33	–	2	–	–	1	–	1	–	–	–	380
Wadebridge ...	6	57	–	13	3	–	1	–	1	4	1	6	1	–	–	93
West Penwith ...	31	32	2	10	3	–	1	–	–	1	–	18	–	–	1	99
Totals ...	92	201	3	408	73	3	7	2	4	8	1	40	9	–	2	854
Whole County ...	284	421	11	1041	157	7	21	5	20	124	4	68	27	2	5	2201

3 cases of Ophthalmia Neonatorum were notified during the year. One of the cases of Malaria was believed to have been contracted abroad, and the other was induced for therapeutic purposes. There were no cases of Small-pox or Typhoid Fever.

TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN RECENT YEARS.

Infectious Disease	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Scarlet Fever ...	229	384	386	280	167	176	214	263	311	284
Whooping Cough ...	474	1179	473	550	720	1393	641	729	1485	421
Diphtheria ...	225	164	206	155	44	27	3	16	10	11
Measles ...	1918	1544	3989	267	2288	2286	3569	668	5813	1041
Pneumonia ...	313	339	242	205	221	170	208	221	264	157
Cerebro-spinal Fever ...	28	28	18	17	9	4	2	8†	5†	7†
Acute Poliomyelitis	—	3	28	3	32	17	105	98†	36†	21†
Acute Polio-Encephalitis ...	—	2	1	1	—	1	5			
Acute Encephalitis Lethargica ...	1	2	1	1	—	—	—	1†	3†	5†
Dysentery ...	61	95	117	17	29	17	38	27	82	20
Ophthalmia Neonatorum ...	24	34	21	14	13	6	4	2	—	3
Puerperal Pyrexia	70	76	61	89	79	51	71	58	58	124‡
Smallpox ...	—	—	—	—	—	—	4	—	—	—
Paratyphoid Fevers ...	6	6	4	1	4	1	1	—	1	4
Typhoid Fever (excluding Paratyphoid) ...	7	6	2	—	—	2	—	2	—	—
Food Poisoning* ...	—	—	—	—	—	—	27	87	36	68
Erysipelas ...	71	75	65	58	48	42	52	54	35	27
Malaria ...	9	35	17	12	1	3	—	—	2	2
Acute Rheumatism§ ...	—	—	—	—	—	—	—	3	12	5
TOTALS	3436	3972	5631	1670	3655	4196	4944	2237	8153	2200

*—Not included in returns to Registrar-General until 1.1.49.

†—Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950,

(i) Acute Poliomyelitis includes Acute Polioencephalitis.

(ii) The Public Health (Cerebro-spinal Fever and Acute Poliomyelitis) Regulations, 1912, and the Public Health (Acute Encephalitis Lethargica and Acute Polioencephalitis) Regulations, 1918 and 1919 are revoked, and Meningococcal Infection made notifiable.

§—In persons under 16 years of age (notifiable from 1.10.50).

‡—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

TABLE V.

CAUSES OF DEATH AT SPECIFIED AGES, 1952.

Cause of death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
1. Tuberculosis, respiratory ...	77	—	—	—	6	30	27	11	3
2. Tuberculosis, other ...	9	—	1	—	1	1	4	—	2
3. Syphilitic disease ...	18	—	—	—	1	1	8	7	1
4. Diphtheria ...	3	—	1	1	—	1	—	—	—
5. Whooping Cough ...	5	5	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	3	—	1	1	—	1	—	—	—
8. Measles ...	1	1	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	12	—	—	1	1	4	2	3	1
10. Malignant neoplasm, stomach ...	124	—	—	—	—	1	33	48	42
11. do. lung, bronchus	70	—	—	—	—	1	46	16	7
12. do. breast ...	65	—	—	—	—	6	28	20	11
13. do. uterus ...	51	—	—	—	1	—	25	14	11
14. Other malignant lymphatic neoplasms ...	379	1	3	1	2	25	109	111	127
15. Leukaemia, aleukaemia ...	21	—	3	3	1	2	7	4	1
16. Diabetes ...	49	—	—	—	—	—	10	20	19
17. Vascular lesions of nervous system ...	633	—	—	—	2	10	90	189	342
18. Coronary disease, Angina ...	493	—	—	—	1	6	144	170	172
19. Hypertension with heart disease ...	108	—	—	—	—	—	19	34	55
20. Other heart disease ...	969	—	—	—	—	7	97	202	663
21. Other circulatory disease ...	184	—	—	—	—	7	29	50	98
22. Influenza ...	13	1	—	—	1	—	3	3	5
23. Pneumonia ...	103	26	2	1	1	7	15	18	33
24. Bronchitis ...	99	1	1	—	—	1	18	29	49
25. Other diseases of respiratory system ...	52	1	—	—	—	3	18	14	16
26. Ulcer of stomach and duodenum ...	32	—	—	—	1	3	11	9	8
27. Gastritis, enteritis and diarrhoea ...	22	5	—	—	—	1	5	6	5
28. Nephritis and Nephrosis ...	64	—	—	1	1	3	22	20	17
29. Hyperplasia of prostate ...	55	—	—	—	—	—	5	12	38
30. Pregnancy, childbirth, abortion ...	7	—	—	—	2	5	—	—	—
31. Congenital malformations ...	29	20	3	1	3	—	—	—	2
32. Other defined and ill-defined diseases ...	484	83	3	5	2	36	78	76	201
33. Motor vehicle accidents ...	30	—	2	5	9	4	7	2	1
34. All other accidents ...	110	5	5	3	14	25	21	11	26
35. Suicide ...	31	—	—	—	1	4	14	10	2
36. Homicide and operations of war ...	1	—	—	—	—	1	—	—	—
All causes ...	4406*	149	25	23	51	196	895	1109	1958

*—including 30 deaths in the Scilly Isles.

(*Specimen letters referred to in text of Report on page* 19).

CORNWALL COUNTY COUNCIL

Department of Epidemiology and Preventive Medicine,
County Hall, TRURO.

17th November, 1952.

Dear Doctor,

Combined Diphtheria and Whooping Cough Immunisation

The County Council has now obtained Ministry of Health permission to make vaccination against whooping cough available, and the combined diphtheria-pertussis prophylactic W.D.P. (Red) (Parke—Davis) can now be obtained free from the Health Area Offices.

The present diphtheria prophylactics will continue to be available for immunisation against diphtheria only, and a separate plain pertussis vaccine will also be supplied on request.

The prophylactic used should be indicated on the immunisation record card, and in future the payment of the fee of 5/- will only be made for cards submitted where the above-mentioned prophylactics or that supplied by Glaxo Laboratories Ltd., are used.

The combined prophylactic should be given in three injections each of lcc. at intervals of not less than 4 weeks. The first dose should be given at as early an age as 6 months. While it is usually given by intramuscular injection, the subcutaneous route can be used if desired. Contra-indications are few.....

> "The modern view is that whooping cough prophylaxis should not be undertaken on a child which has a history of fits or convulsions, who has recently been in contact with, or suffered from, infectious diseases, especially those of a viral nature, or when there is a near family history of asthma. The child should be normal, and should not be treated when suffering from an obvious cold."
>
> (Bousfield, G. "The Medical Officer."
> 28.6.52 page 265).

The prevalence of acute poliomyelitis is, of course, a further contra-indication.

The duration of the whooping cough immunity is at present unknown, but it shows no evidence of waning in 2 years. The combined prophylactic should also be used for booster doses in the 5th year, preferably before commencing school, for those previously immunised against whooping cough.

Until such time as whooping cough records cards are available, I should be grateful if you would use the diphtheria immunisation record card, stating that the combined antigen has been used.

Some notes on Whooping Cough

Of the common infectious diseases affecting children, whooping cough is now the most important in that it causes both the highest morbidity and the heaviest mortality. The following table gives the notifications and the mortality in Cornwall over the last five years of the more important and infectious diseases:—

Notifications and Mortality from Infectious Diseases 1947—1951

Year	Whooping Cough			Diphtheria			Scarlet Fever			Measles			Poliomyelitis		
	Cases All ages	Deaths 0-1	1-5	Cases All ages	Deaths 0-1	1-5	Cases All ages	Deaths 0-1	1-5	Cases All ages	Deaths 0-1	1-5	Cases All ages	Deaths 0-1	1-5
1947	720	4	2	44	—	1	167	—	—	2288	1	—	32	1	—
1948	1393	5	3	27	—	—	176	—	—	2286	—	1	17	—	—
1949	641	1	—	3	—	—	214	—	—	3569	—	1	105	—	1
1950	729	1	—	16	—	—	263	—	—	668	—	—	98	1	—
1951	1485	4	—	10	—	1	311	—	—	5813	1	2	36	1	—
Totals	4968	15	5	100	—	2	1131	—	—	14624	2	4	288	3	1
Number of deaths at ages over 5 in the above period			1	Number of deaths at ages over 5 in the above period		5	Number of deaths at ages over 5 in the above period		0	Number of deaths at ages over 5 in the above period		0	Number of deaths at ages over 5 in the above period		29

Although the case-fatality is low, it will be noted that deaths from whooping cough in the 0—5 age group are more than three times those from any other infectious disease, moreover, whooping cough causes a high morbidity in later life from bronchitis and bronchiectasis.

Investigations carried out by the Medical Research Council in 1951, (B.M.J. 1951, 1,1463) on the use of prophylactic vaccines against whooping cough have proved most promising. More than 8,000 children were included in the trials, the attack rate ratio between vaccinated and unvaccinated being 1 : 46 whilst amongst those who developed whooping cough, the disease took a mild course in 73.2% of the vaccinated group as opposed to 24.1% of the unvaccinated.

In the trials, several vaccines were investigated; the Kendrick vaccine gave the best results and it is this vaccine which is used by Parke-Davis and Glaxo in the preparation of their prophylactics.

Yours sincerely,

R. N. CURNOW.
County Medical Officer.

Circular Letter to General Practitioners.

COUNTY HALL,
TRURO.

17th November, 1952.

Dear Doctor,

Eclampsia

At a recent meeting of the Maternity Sub-Committee, we were all very disturbed to notice the amount of toxæmia, and even eclampsia, which is occurring amongst expectant mothers in Cornwall, which is far above the average for the rest of the country.

The secret of success in dealing with this seems to be getting the patient under treatment as early as possible and we considered the article by Hamlin in The Lancet of 12th January 1952, which draws attention to an unusual gain in weight during pregnancy as being in some cases the earliest indication of the onset of toxæmia. Hamlin regards an increase of more than 8 lbs. in weight in a young primigravida between the 20th and 30th weeks as a warning sign of some importance. The significance of abnormal gains in weight in pregnancy has, of course, long been recognised in this country. In order to help in dealing with this problem, all the District Nurses employed by the County Council are being instructed to arrange, wherever possible, for expectant mothers under their care to be weighed regularly in standard conditions, and they have been told to refer to the patient's own Doctor any patient showing signs of an abnormal gain in weight. A copy of the circular letter which is being sent to District Nurses is attached for your information.

It is hoped that this will call attention to the need for a closer supervision of those cases so that any development of further symptoms will be recognised, and treatment will be given as soon as possible. We would be grateful for your co-operation in this matter and in letting us know whether you find this arrangement to be of any benefit.

Yours sincerely,

AUSTIN CONCANON,
J. G. HASTINGS INCE,
P. N. SIMONS.
Consulting Obstetricians.

R. N. CURNOW.
County Medical Officer.

Circular letter to all General Medical Practitioners in Cornwall.

CORNWALL COUNTY COUNCIL

COUNTY HALL,
TRURO.
17th November, 1952.

Dear Nurse,

Eclampsia

At a recent meeting of the Maternity Sub-Committee we were all very disturbed to notice the amount of toxæmia, and even eclampsia, which is occurring amongst expectant mothers in Cornwall, which is far above the average for the rest of the country.

The secret of success in dealing with this seems to be getting the patient under treatment as early as possible, and we considered the article by Hamlin in The Lancet of 12th January, 1952, which draws attention to an unusual gain in weight during pregnancy as being in some cases the earliest indication of the onset of toxæmia. Hamlin regards an increase of more than 8lbs. in weight in a young primigravida between the 20th and 30th weeks as a warning sign of some importance. The significance of abnormal gains in weight in pregnancy has, of course long been recognised in this country.

In order to help in dealing with this problem it is essential that you arrange for all expectant mothers under your care to be weighed regularly (every fortnight if possible) in standard conditions (wearing the same clothes). When a Doctor is booked for the confinement, consult him before arranging the weighing. Where there are no scales in the village it may be necessary to make other arrangements. Any cases of difficulty should be referred to your Assistant County Nursing Officer.

A record of the weight of each expectant mother should be kept from the 20th to the 30th week, and when the gain during this period is over 8lbs., the patient must be referred to her doctor, drawing his attention to this abnormal gain.

Yours sincerely,
R. N. CURNOW,
County Medical Officer.

Circular letter to all Midwives and Health Visitors
Employed by Cornwall County Council.